# Case 21-14279 Doc 1 Filed 12/17/21 Entered 12/17/21 10:16:05 Desc Main Document Page 1 of 41

| Fill in this information to identify your case: |                                 |                                    |
|-------------------------------------------------|---------------------------------|------------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                    |
| NORTHERN DISTRICT OF ILLINOIS                   | _                               |                                    |
| Case number (if known)                          | _ Chapter you are filing under: |                                    |
|                                                 | Chapter 7                       |                                    |
|                                                 | ☐ Chapter 11                    |                                    |
|                                                 | ☐ Chapter 12                    |                                    |
|                                                 | ☐ Chapter 13                    | Check if this is an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

04/20

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Id                     | entify Yourself                                                                                     |                                               |                                               |
|----|------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------|
|    | ·                            |                                                                                                     | About Debtor 1:                               | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your fu                      | ull name                                                                                            |                                               |                                               |
|    | your go<br>picture<br>exampl | ne name that is on<br>overnment-issued<br>identification (for<br>le, your driver's<br>or passport). | Mary First name  A Middle name                | First name  Middle name                       |
|    | identific                    | our picture<br>cation to your<br>g with the trustee.                                                | Gunn Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
| 2. |                              | er names you have<br>n the last 8 years                                                             |                                               |                                               |
|    |                              | your married or<br>names.                                                                           |                                               |                                               |
| 3. | your S<br>numbe<br>Individ   | ne last 4 digits of<br>ocial Security<br>er or federal<br>lual Taxpayer<br>ication number           | xxx-xx-3348                                   |                                               |

Case 21-14279 Doc 1 Filed 12/17/21 Entered 12/17/21 10:16:05 Desc Main Document Page 2 of 41

Debtor 1 Mary A Gunn Case number (if known)

|                                                                                                            |                                                 | About Debtor 1:                                                                                                                                     | About Debtor 2 (Spouse Only in a Joint Case):                                                                                              |  |  |  |  |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| 4. Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years |                                                 | ■ I have not used any business name or EINs.                                                                                                        | ☐ I have not used any business name or EINs.                                                                                               |  |  |  |  |
|                                                                                                            | Include trade names and doing business as names | Business name(s)                                                                                                                                    | Business name(s)                                                                                                                           |  |  |  |  |
|                                                                                                            |                                                 | EIN                                                                                                                                                 | EIN                                                                                                                                        |  |  |  |  |
| 5.                                                                                                         | Where you live                                  | 916 North Waller Ave                                                                                                                                | If Debtor 2 lives at a different address:                                                                                                  |  |  |  |  |
|                                                                                                            |                                                 | Chicago, IL 60651  Number, Street, City, State & ZIP Code                                                                                           | Number, Street, City, State & ZIP Code                                                                                                     |  |  |  |  |
|                                                                                                            |                                                 |                                                                                                                                                     | Number, Street, City, State & ZIP Code                                                                                                     |  |  |  |  |
|                                                                                                            |                                                 | Cook County                                                                                                                                         | County                                                                                                                                     |  |  |  |  |
|                                                                                                            |                                                 | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |  |  |
|                                                                                                            |                                                 | Number, P.O. Box, Street, City, State & ZIP Code                                                                                                    | Number, P.O. Box, Street, City, State & ZIP Code                                                                                           |  |  |  |  |
| 6.                                                                                                         | Why you are choosing this district to file for  | Check one:                                                                                                                                          | Check one:                                                                                                                                 |  |  |  |  |
|                                                                                                            | bankruptcy                                      | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |  |  |  |  |
|                                                                                                            |                                                 | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)                                                                                        | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)                                                                               |  |  |  |  |
|                                                                                                            |                                                 |                                                                                                                                                     |                                                                                                                                            |  |  |  |  |

Case 21-14279 Doc 1 Filed 12/17/21 Entered 12/17/21 10:16:05 Desc Main Document Page 3 of 41

Case number (if known)

Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy 7. The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No. bankruptcy within the last 8 years? ☐ Yes. District When Case number When District Case number When Case number District 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you When District Case number, if known Debtor Relationship to you When Case number, if known District 11. Do you rent your Go to line 12. ☐ No. residence? Has your landlord obtained an eviction judgment against you? Yes. No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

Debtor 1

Mary A Gunn

Case 21-14279 Doc 1 Filed 12/17/21 Entered 12/17/21 10:16:05 Desc Main Document Page 4 of 41

| Deb  | tor 1 Mary A Gunn                                                                                                                                            |                                                |                                        |                                                                          | Case number (if known)                                                                                                                                                                                                                                                                                                                                 |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|      |                                                                                                                                                              |                                                |                                        |                                                                          |                                                                                                                                                                                                                                                                                                                                                        |
| Part | 3: Report About Any Bu                                                                                                                                       | ısinesses                                      | You Ow                                 | n as a Sole Propriet                                                     | or                                                                                                                                                                                                                                                                                                                                                     |
| 12.  | 12. Are you a sole proprietor of any full- or part-time business?                                                                                            |                                                | Go to                                  | Part 4.                                                                  |                                                                                                                                                                                                                                                                                                                                                        |
|      |                                                                                                                                                              | ☐ Yes.                                         | Nam                                    | e and location of busi                                                   | ness                                                                                                                                                                                                                                                                                                                                                   |
|      | A sole proprietorship is a                                                                                                                                   |                                                |                                        |                                                                          |                                                                                                                                                                                                                                                                                                                                                        |
|      | business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC.                            |                                                |                                        | e of business, if any                                                    |                                                                                                                                                                                                                                                                                                                                                        |
|      | If you have more than one sole proprietorship, use a separate sheet and attach                                                                               |                                                | Num                                    | ber, Street, City, State                                                 | e & ZIP Code                                                                                                                                                                                                                                                                                                                                           |
|      | it to this petition.                                                                                                                                         |                                                | Chec                                   | k the appropriate box                                                    | a to describe your business:                                                                                                                                                                                                                                                                                                                           |
|      |                                                                                                                                                              |                                                |                                        | Health Care Busin                                                        | ess (as defined in 11 U.S.C. § 101(27A))                                                                                                                                                                                                                                                                                                               |
|      |                                                                                                                                                              |                                                |                                        | Single Asset Real                                                        | Estate (as defined in 11 U.S.C. § 101(51B))                                                                                                                                                                                                                                                                                                            |
|      |                                                                                                                                                              |                                                |                                        | Stockbroker (as de                                                       | efined in 11 U.S.C. § 101(53A))                                                                                                                                                                                                                                                                                                                        |
|      |                                                                                                                                                              |                                                |                                        | ,                                                                        | (as defined in 11 U.S.C. § 101(6))                                                                                                                                                                                                                                                                                                                     |
|      |                                                                                                                                                              |                                                |                                        | None of the above                                                        |                                                                                                                                                                                                                                                                                                                                                        |
|      |                                                                                                                                                              |                                                | ш                                      |                                                                          |                                                                                                                                                                                                                                                                                                                                                        |
| 10.  | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code, and<br>are you a small business<br>debtor or a debtor as<br>defined by 11 U.S.C. §<br>1182(1)? | proceed<br>you are o<br>cash-flow<br>§ 1116(1) | under Suchoosing<br>v statemen<br>(B). | ubchapter V so that it<br>to proceed under Sub<br>ent, and federal incom | court must know whether you are a small business debtor or a debtor choosing to can set appropriate deadlines. If you indicate that you are a small business debtor or ochapter V, you must attach your most recent balance sheet, statement of operations, he tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. |
|      | For a definition of small                                                                                                                                    | No.                                            | ram                                    | not filing under Chapt                                                   | er ii.                                                                                                                                                                                                                                                                                                                                                 |
|      | business debtor, see 11 U.S.C. § 101(51D).                                                                                                                   | □ No.                                          | I am<br>Code                           |                                                                          | 1, but I am NOT a small business debtor according to the definition in the Bankruptcy                                                                                                                                                                                                                                                                  |
|      |                                                                                                                                                              | ☐ Yes.                                         |                                        |                                                                          | 1, I am a small business debtor according to the definition in the Bankruptcy Code, and d under Subchapter V of Chapter 11.                                                                                                                                                                                                                            |
|      |                                                                                                                                                              | ☐ Yes.                                         |                                        |                                                                          | 1, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I Subchapter V of Chapter 11.                                                                                                                                                                                                                                    |
| Part | Report if You Own or                                                                                                                                         | Have Any                                       | / Hazard                               | ous Property or Any                                                      | Property That Needs Immediate Attention                                                                                                                                                                                                                                                                                                                |
| 14.  | Do you own or have any                                                                                                                                       | ■ No.                                          |                                        |                                                                          |                                                                                                                                                                                                                                                                                                                                                        |
|      | property that poses or is<br>alleged to pose a threat<br>of imminent and<br>identifiable hazard to                                                           | ☐ Yes.                                         | What is                                | the hazard?                                                              |                                                                                                                                                                                                                                                                                                                                                        |
|      | public health or safety?<br>Or do you own any<br>property that needs<br>immediate attention?                                                                 |                                                |                                        | diate attention is<br>, why is it needed?                                |                                                                                                                                                                                                                                                                                                                                                        |
|      | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?                                            |                                                | Where                                  | is the property?                                                         |                                                                                                                                                                                                                                                                                                                                                        |
|      | -                                                                                                                                                            |                                                |                                        |                                                                          | Number, Street, City, State & Zip Code                                                                                                                                                                                                                                                                                                                 |

Case 21-14279 Doc 1 Filed 12/17/21 Entered 12/17/21 10:16:05 Desc Main Document Page 5 of 41

Debtor 1 Mary A Gunn Case number (if known)

Part 5:

# 15. Tell the court whether you have received a briefing about credit

counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|------------------------------------------------------|
| counseling because of:                               |

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 21-14279 Doc 1 Filed 12/17/21 Entered 12/17/21 10:16:05 Desc Main Document Page 6 of 41

| Part 6: Answer These Questions for Reporting Purposes  16. What kind of debts do you have?  16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred individual primarily for a personal, family, or household purpose."  No. Go to line 16.  Yes. Go to line 17.  16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.  No. Go to line 16.  Yes. Go to line 17.  16c. State the type of debts you owe that are not consumer debts or business debts  17. Are you filing under Chapter 7. Go to line 18.  18. Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?  18. How many Creditors do you estimate that you owe?  19. How much do you estimate that you owe?  19. How much do you estimate that you owe?  19. How much do you estimate your assets to be worth?  19. How much do you estimate your liabilities  19. So. 950,000  19. So. 900.001 - \$100,000  19. So                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Individual primarily for a personal, family, or household purpose."   No. Go to line 16b.   Yes. Go to line 17.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Yes. Go to line 17.   Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.   No. Go to line 16c.   Yes. Go to line 17.   16c.   State the type of debts you owe that are not consumer debts or business debts    17. Are you filling under Chapter 7. Go to line 18.   Yes.   Iam filling under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?   No.   Yes.   Iam filling under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?   No.   Yes.   Yes.   Iam filling under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?   No.   Yes.   Yes.   Iam filling under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?   No.   Yes.   No.   Yes.   Iam filling under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?   No.   Yes.   Iam filling under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?   Iam filling under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?   Iam filling under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured credi                                                                                                                                         |
| 16b.   Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.   No. Go to line 16c.   Yes. Go to line 17.   16c.   State the type of debts you owe that are not consumer debts or business debts    17.   Are you filling under Chapter 7.   Go to line 18.   I am not filling under Chapter 7.   Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?   No.   Yes.   I am filling under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?   No.   Yes.   I am filling under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?   No.   Yes.   I am filling under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?   No.   Yes.   I am filling under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?   No.   Yes.   I am filling under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?   Property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?   Property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?   Property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?   Property is excluded and administra                                                                                                                                         |
| money for a business or investment or through the operation of the business or investment.    No. Go to line 16c.   Yes. Go to line 17.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Yes. Go to line 17.   State the type of debts you owe that are not consumer debts or business debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 16c. State the type of debts you owe that are not consumer debts or business debts  17. Are you filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?  18. How many Creditors do you estimate that you owe?  19. How much do you estimate that you owe?  19. How much do you estimate your assets to be worth?  10. I am not filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative eare paid that funds will be available to distribute to unsecured creditors?  1 am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative eare paid that funds will be available to distribute to unsecured creditors?  1 am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative eare paid that funds will be available to distribute to unsecured creditors?  1 am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative eare paid that funds will be available to distribute to unsecured creditors?  1 am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative eare paid that funds will be available to distribute to unsecured creditors?  1 am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative eare paid that funds will be available to distribute to unsecured creditors?  1 am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative eare paid that funds will be available to distribute to unsecured creditors?  2 by our filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative eare paid that funds will be available to distribute to unsecured creditors?  2 by our filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative ear                                                                                                                                       |
| 17. Are you filing under Chapter 7. Go to line 18.    Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?    18. How many Creditors do you estimate that you owe?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Chapter 7?  Do you estimate that after any exempt property is excluded and administrative ear e paid that funds will be available to distribute to unsecured creditors?  Pyes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative ear epaid that funds will be available to distribute to unsecured creditors?  No  18. How many Creditors do you estimate that you owe?  19. How much do you estimate that you estimate your assets to be worth?  So,001 - \$100,000  \$1,000,001 - \$10 million  \$500,000,001 - \$10 billion  \$100,001 - \$50 million  \$100,000,001 - \$10 million  \$100,000,000,001 - \$10 million  \$100,0                                 |
| Chapter 7?  Do you estimate that after any exempt property is excluded and administrative ear epaid that funds will be available to distribute to unsecured creditors?  Pes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative ear epaid that funds will be available to distribute to unsecured creditors?  No  18. How many Creditors do you estimate that you owe?  19. How much do you estimate that you estimate your assets to be worth?  So - \$50,000  \$1.49  \$1.49  \$1.000-5,000  \$50.001-10,000  \$50.001-10,000  \$1.000.001-25,000  \$1.000.001-25,000  \$1.000.001-\$10 million  \$500,000.001-\$10 billion  \$1.000,001-\$50 million  \$1.000,000.001-\$10 billion  \$1.000,000.001-\$50 million  \$1.000,000.001-\$10 million  \$1.000,000.001-\$50 million  \$1.000,000.001-\$10 million  \$1.000.000.001-\$10 million                        |
| after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?    No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   Yes   No   Yes                                                                                                                                           |
| be available for distribution to unsecured creditors?  18. How many Creditors do you estimate that you owe?  19. How much do you estimate your assets to be worth?  19. How much do you estimate your assets to be worth?  19. How much do you estimate your assets to be worth?  19. How much do you estimate your assets to be worth?  19. How much do you estimate your assets to be worth?  19. How much do you estimate your assets to be worth?  19. How much do you estimate your assets to be worth?  19. How much do you estimate your assets to be worth?  19. How much do you estimate your liabilities  10. S50,000 S50,000 S50,000,001 - \$10 million S10,000,000,001 - \$10 million More than \$50 billion More than \$50 billion S500,000 S50,000,001 - \$100 million S10,000,000,001 - \$100 million S10,000,000,000 - \$100 million S10,000,000,000 - \$100 million S10,000,000 - \$1                                                                                       |
| 18. How many Creditors do you estimate that you owe?   1-49                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| you estimate that you owe?    50-99                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| you estimate that you owe?    50-99                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 100-199                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 19. How much do you estimate your assets to be worth?  ■ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion □ \$1,000,000 - \$10,000,001 - \$10 million □ \$1,000,000,001 - \$10 billion □ \$100,000,001 - \$10 million □ \$10,000,000,001 - \$10 billion □ \$100,000,001 - \$10 million □ \$10,000,000,001 - \$10 billion □ \$100,000,001 - \$10 million □ \$10,000,000,001 - \$10 million □ \$10,000,000,001 - \$10 million □ \$100,000,001 - \$100 million □ \$100,000,000 □ \$100,000,001 - \$100 million □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 □ \$100,000,000 |
| estimate your assets to be worth?  \$50,001 - \$100,000  \$10,000,001 - \$50 million  \$1,000,000,001 - \$10 billion  \$10,000,000,001 - \$10 billion  \$10,000,000,001 - \$10 million  \$10,000,000,001 - \$50 billion  \$10,000,000,001 - \$10 million  \$10,000,000,000 - \$10 million  \$10,000,000 - \$10 million  \$10,000,0  |
| be worth? □ \$50,001 - \$100,000 □ \$10,000,001 - \$30 Hillion □ \$10,000,000,001 - \$10 Billion □ \$10,000,000,000 - \$10 Billion □ \$10,000,000      |
| 20. How much do you estimate your liabilities  ■ \$0 - \$50,000  ■ \$0 - \$50,000  □ \$1,000,001 - \$10 million  □ \$500,000,001 - \$1 billion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 20. How much do you estimate your liabilities  \$ 50,000 \$ \$500,000,001 - \$1 billion \$ \$500,000,001 - \$1 billion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| estimate your liabilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| to be?   \$50,001 - \$100,000  \$10,000,001 - \$50 million  \$1,000,000,001 - \$10 billion  \$10,000,000,001 - \$10 million  \$10,000,000,001 - \$50 billion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| □ \$500,001 - \$1 million □ \$100,000,001 - \$500 million □ More than \$50 billion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Part 7: Sign Below                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| I understand making a false statement, concealing property, or obtaining money or property by fraud in connection witl bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 134 and 3571.  /s/ Mary A Gunn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Mary A Gunn Signature of Debtor 2 Signature of Debtor 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Executed on December 17, 2021 Executed on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| MM / DD / YYYY MM / DD / YYYY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

Case 21-14279 Doc 1 Filed 12/17/21 Entered 12/17/21 10:16:05 Desc Main Document Page 7 of 41

Debtor 1 Mary A Gunn Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Angie Lee        | e                   | Date          | December 17, 2021        |
|----------------------|---------------------|---------------|--------------------------|
| Signature of At      | ttorney for Debtor  |               | MM / DD / YYYY           |
| Angie Lee            |                     |               |                          |
| Printed name         |                     |               |                          |
| Filited flame        |                     |               |                          |
| Lee Ratliff &        | Associates LLC      |               |                          |
| Firm name            |                     |               |                          |
| PO Box 677           |                     |               |                          |
| Flossmoor, I         | IL 60422            |               |                          |
| Number, Street, City | y, State & ZIP Code |               |                          |
| Contact phone 7      | 7083659937          | Email address | angieleelaw900@gmail.com |
| 6282075 IL           |                     |               |                          |
| Bar number & State   | )                   |               | <del></del>              |

#### Case 21-14279 Doc 1 Filed 12/17/21 Entered 12/17/21 10:16:05 Desc Main Document Page 8 of 41

| Fill in this infor     | mation to identify your  | case:             | J           |                       |
|------------------------|--------------------------|-------------------|-------------|-----------------------|
| Debtor 1               | Mary A Gunn              |                   |             |                       |
|                        | First Name               | Middle Name       | Last Name   |                       |
| Debtor 2               |                          |                   |             |                       |
| (Spouse if, filing)    | First Name               | Middle Name       | Last Name   |                       |
| United States Ba       | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |                       |
| Case number (if known) |                          |                   |             | ☐ Check if this is an |
|                        |                          |                   |             | amended filing        |

### Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file

|      |                                                                                                                                                                                                    | Your as     | ssets<br>f what you own       |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------|
| 1.   | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B                                                                                               | \$          | 0.00                          |
|      | 1b. Copy line 62, Total personal property, from Schedule A/B                                                                                                                                       | \$          | 10,800.00                     |
|      | 1c. Copy line 63, Total of all property on Schedule A/B                                                                                                                                            | \$          | 10,800.00                     |
| Part | 12: Summarize Your Liabilities                                                                                                                                                                     |             |                               |
|      |                                                                                                                                                                                                    |             | <b>abilities</b><br>t you owe |
| 2.   | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$          | 6,656.00                      |
| 3.   | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$          | 0.00                          |
|      | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                                                                                                  | \$          | 19,122.00                     |
|      | Your total liabilities                                                                                                                                                                             | \$          | 25,778.00                     |
| Part | 3: Summarize Your Income and Expenses                                                                                                                                                              |             |                               |
| 4.   | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I                                                                                          | \$          | 5,015.00                      |
| 5.   | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J                                                                                              | \$          | 4,650.00                      |
| Part | 4: Answer These Questions for Administrative and Statistical Records                                                                                                                               |             |                               |
| 6.   | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | r other sch | nedules.                      |
| 7.   | ■ Yes What kind of debt do you have?                                                                                                                                                               |             |                               |

- household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

# Case 21-14279 Doc 1 Filed 12/17/21 Entered 12/17/21 10:16:05 Desc Main Document Page 9 of 41

Debtor 1 Mary A Gunn Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$\_\_\_\_\_4,800.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|                                                                                                                              | Total clai | im       |
|------------------------------------------------------------------------------------------------------------------------------|------------|----------|
| From Part 4 on Schedule E/F, copy the following:                                                                             |            |          |
| 9a. Domestic support obligations (Copy line 6a.)                                                                             | \$         | 0.00     |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)                                                    | \$         | 0.00     |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)                                          | \$         | 0.00     |
| 9d. Student loans. (Copy line 6f.)                                                                                           | \$         | 7,791.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$         | 0.00     |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$        | 0.00     |
| 9g. <b>Total.</b> Add lines 9a through 9f.                                                                                   | \$         | 7,791.00 |

# Case 21-14279 Doc 1 Filed 12/17/21 Entered 12/17/21 10:16:05 Desc Main Document Page 10 of 41

|                                                                                                                                  |                                                                                                                            |                                                         | Document                                                           | Page 10 of 41                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |             |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------|-------------------------------------------------------------------|
| Fill in this infor                                                                                                               | mation to identify your                                                                                                    | case and                                                | d this filing:                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |             |                                                                   |
| Debtor 1                                                                                                                         | Mary A Gunn                                                                                                                |                                                         |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |             |                                                                   |
| Debtor 1                                                                                                                         | First Name                                                                                                                 | М                                                       | iddle Name                                                         | Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |             |                                                                   |
| Debtor 2                                                                                                                         |                                                                                                                            |                                                         |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |             |                                                                   |
| (Spouse, if filing)                                                                                                              | First Name                                                                                                                 | М                                                       | iddle Name                                                         | Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |             |                                                                   |
| United States B                                                                                                                  | ankruptcy Court for the:                                                                                                   | NORTH                                                   | IERN DISTRICT OF                                                   | ILLINOIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                |             |                                                                   |
|                                                                                                                                  | , ,                                                                                                                        |                                                         |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |             |                                                                   |
| Case number                                                                                                                      |                                                                                                                            |                                                         |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |             | Check if this is an                                               |
|                                                                                                                                  |                                                                                                                            |                                                         |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |             | amended filing                                                    |
|                                                                                                                                  |                                                                                                                            |                                                         |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |             |                                                                   |
| Official Ed                                                                                                                      | orm 106A/B                                                                                                                 |                                                         |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |             |                                                                   |
| _                                                                                                                                |                                                                                                                            |                                                         |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |             |                                                                   |
| Schedu                                                                                                                           | le A/B: Prop                                                                                                               | erty                                                    |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |             | 12/15                                                             |
| Answer every que  Part 1: Describe  1. Do you own or  No. Go to Pa  Yes. Where  Part 2: Describe  Do you own, leasomeone else dr | e Each Residence, Building have any legal or equitable art 2. is the property?  e Your Vehicles ase, or have legal or equi | g, Land, or<br>le interest<br>uitable in<br>le, also re | in any residence, buil                                             | On the top of any additional page on the top of any additional page on Own or Have an Interest In ding, land, or similar property?  Ses, whether they are registe G: Executory Contracts and U                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | e <b>red or not?</b> Include a |             |                                                                   |
| □ No ■ Yes  3.1 Make: Model:                                                                                                     | Chrysler<br>Sebring                                                                                                        |                                                         | Who has an interest  Debtor 1 only                                 | in the property? Check one                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | the amount of any s            | secured cla | or exemptions. Put<br>aims on Schedule D:<br>Secured by Property. |
| Year:                                                                                                                            | 2010                                                                                                                       |                                                         | Debtor 2 only                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Current value of the           | ne C        | urrent value of the                                               |
| Approxima                                                                                                                        | ate mileage: 100                                                                                                           | ,000                                                    | Debtor 1 and Debt                                                  | or 2 only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | entire property?               |             | ortion you own?                                                   |
| Other info                                                                                                                       | rmation:                                                                                                                   |                                                         | ☐ At least one of the                                              | debtors and another                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                |             |                                                                   |
|                                                                                                                                  |                                                                                                                            |                                                         | Check if this is co                                                | ommunity property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$5,000.                       | 00          | \$5,000.00                                                        |
| Examples: Boo  No  Yes  Add the doll pages you h  Part 3: Describe                                                               | ats, trailers, motors, pers                                                                                                | onal wate<br>you own<br>. Write th                      | ercraft, fishing vessel<br>for all of your entri<br>at number here | vehicles, other vehicles, and s, snowmobiles, motorcycle and es from Part 2, including an estimate the company of the company | ccessories<br>y entries for    | Curi        | \$5,000.00                                                        |
| DO YOU OWN OF                                                                                                                    | nave any legal of equit                                                                                                    | abie iiile                                              | rest in any of the it                                              | mowing items!                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                | port        | ion you own?                                                      |

Official Form 106A/B Schedule A/B: Property page 1

claims or exemptions.

Case 21-14279 Doc 1 Filed 12/17/21 Entered 12/17/21 10:16:05 Desc Main Document Page 11 of 41 Debtor 1 Mary A Gunn Case number (if known) 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe..... All household goods and furniture \$500.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... \$500.00 TV, cellphone, and all other electronics 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... \$700.00 Clothing owned by debtor 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ■ No ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information.....

## Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

for Part 3. Write that number here .....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached

Current value of the portion you own?

Do not deduct secured

\$1,700.00

Doc 1 Filed 12/17/21 Entered 12/17/21 10:16:05 Desc Main Case 21-14279 Document Page 12 of 41

| Deploi                           | Mary A Guilli                                  |                                                 |                                                                                                                            | Case Hulliber (II known)                           |      |
|----------------------------------|------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------|
|                                  |                                                |                                                 |                                                                                                                            | claims or exemptions                               | 3.   |
| ■ No                             |                                                | in your wallet, in your ho                      | ome, in a safe deposit box, and on hand                                                                                    | when you file your petition                        |      |
|                                  |                                                |                                                 | ounts; certificates of deposit; shares in c<br>with the same institution, list each.                                       | credit unions, brokerage houses, and other similar |      |
| _                                |                                                |                                                 | Institution name:                                                                                                          |                                                    |      |
|                                  | 1                                              | 7.1. Checking                                   | Bank of America                                                                                                            | \$100                                              | ).00 |
| _Examp                           |                                                | ublicly traded stocks estment accounts with bro | okerage firms, money market accounts                                                                                       |                                                    |      |
| ■ No<br>□ Yes                    |                                                | Institution or issuer                           | name:                                                                                                                      |                                                    |      |
|                                  | ublicly traded stock<br>renture                | and interests in incorpo                        | orated and unincorporated businesse                                                                                        | es, including an interest in an LLC, partnership,  | and  |
| ■ No<br>□ Yes.                   | Give specific informa                          | ation about them<br>Name of entity:             |                                                                                                                            | % of ownership:                                    |      |
| Negoti                           | <i>iable instrument</i> s incl                 | ude personal checks, cas                        | stiable and non-negotiable instrument<br>shiers' checks, promissory notes, and mansfer to someone by signing or delivering | noney orders.                                      |      |
| ☐ Yes.                           | Give specific informa                          | tion about them Issuer name:                    |                                                                                                                            |                                                    |      |
|                                  | ment or pension accodes: Interests in IRA,     |                                                 | .03(b), thrift savings accounts, or other p                                                                                | pension or profit-sharing plans                    |      |
|                                  | List each account se<br>T                      | parately.<br>Type of account:                   | Institution name:                                                                                                          |                                                    |      |
| Your s                           |                                                | posits you have made so                         | that you may continue service or use fit public utilities (electric, gas, water), tele                                     |                                                    |      |
|                                  |                                                |                                                 | Institution name or individual:                                                                                            |                                                    |      |
| 23. <b>Annuit</b><br><b>I</b> No | ies (A contract for a p                        | periodic payment of mone                        | ey to you, either for life or for a number o                                                                               | of years)                                          |      |
| ☐ Yes                            | lssuer                                         | name and description.                           |                                                                                                                            |                                                    |      |
|                                  | ts in an education IF<br>C. §§ 530(b)(1), 529A |                                                 | ualified ABLE program, or under a qu                                                                                       | ualified state tuition program.                    |      |
| ■ No<br>□ Yes                    | Institu                                        | tion name and description                       | n. Separately file the records of any inte                                                                                 | rests.11 U.S.C. § 521(c):                          |      |
| ■ No                             | •                                              |                                                 | ther than anything listed in line 1), ar                                                                                   | nd rights or powers exercisable for your benefit   |      |
| ☐ Yes.                           | Give specific informa                          | ation about them                                |                                                                                                                            |                                                    |      |
|                                  |                                                |                                                 | nd other intellectual property<br>ds from royalties and licensing agreeme                                                  | ents                                               |      |

 $\hfill \square$  Yes. Give specific information about them...

| De  | ebtor 1        | Mary A Gunn                                                                                                       | Document                                                    | Page 13 of 41                    | Case number (if known)     |                                                                                   |
|-----|----------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------|----------------------------|-----------------------------------------------------------------------------------|
| 27. |                | ses, franchises, and other general ples: Building permits, exclusive li                                           |                                                             | on holdings, liquor licens       | ses, professional licens   | es                                                                                |
|     | _              | Give specific information about t                                                                                 | hem                                                         |                                  |                            |                                                                                   |
| M   | oney or        | property owed to you?                                                                                             |                                                             |                                  |                            | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | □ No           | funds owed to you  Give specific information about the                                                            | nem, including whether you ali                              | ready filed the returns ar       | nd the tax years           |                                                                                   |
|     |                |                                                                                                                   | Anticipated income tax                                      |                                  | 7                          |                                                                                   |
|     |                |                                                                                                                   | year ending: 2021                                           | retuilus for tax                 | Federal                    | \$4,000.00                                                                        |
| 29. | Exam<br>■ No   | y support ples: Past due or lump sum alimor Give specific information                                             | ny, spousal support, child sup                              | port, maintenance, divor         | ce settlement, property    | settlement                                                                        |
| 30. | Exam           | amounts someone owes you ples: Unpaid wages, disability insubenefits; unpaid loans you n                          |                                                             | enefits, sick pay, vacation      | n pay, workers' compe      | nsation, Social Security                                                          |
|     | ■ No<br>□ Yes. | Give specific information                                                                                         |                                                             |                                  |                            |                                                                                   |
| 31. |                | sts in insurance policies<br>ples: Health, disability, or life insu                                               | rance; health savings account                               | (HSA); credit, homeowr           | ner's, or renter's insurar | nce                                                                               |
|     | ☐ Yes.         | Name the insurance company of Company                                                                             |                                                             | Beneficia                        | ry:                        | Surrender or refund value:                                                        |
| 32. | If you somed   | aterest in property that is due you are the beneficiary of a living trustone has died.  Give specific information | ou from someone who has d<br>t, expect proceeds from a life | lied<br>insurance policy, or are | currently entitled to reco | eive property because                                                             |
| 33. |                | s against third parties, whether ples: Accidents, employment disp                                                 |                                                             |                                  | for payment                |                                                                                   |
|     | ☐ Yes.         | Describe each claim                                                                                               |                                                             |                                  |                            |                                                                                   |
| 34. | ■ No           | contingent and unliquidated classification                                                                        | aims of every nature, includi                               | ng counterclaims of th           | e debtor and rights to     | o set off claims                                                                  |
| 35. | ■ No           | nancial assets you did not alrea                                                                                  | dy list                                                     |                                  |                            |                                                                                   |
| 36  | S. Add         | Give specific information  the dollar value of all of your en art 4. Write that number here                       | · · · · · · · · · · · · · · · · · · ·                       |                                  | ou have attached           | \$4,100.00                                                                        |
| Pa  |                | art 4. write that number nere                                                                                     |                                                             |                                  | Part 1.                    |                                                                                   |

Case 21-14279 Doc 1 Filed 12/17/21

Entered 12/17/21 10:16:05 Desc Main

Official Form 106A/B Schedule A/B: Property page 4

Case 21-14279 Doc 1 Filed 12/17/21 Entered 12/17/21 10:16:05 Desc Main Page 14 of 41 Document Case number (if known) Debtor 1 Mary A Gunn 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ..... \$0.00 Part 8: List the Totals of Each Part of this Form Part 1: Total real estate, line 2 \$0.00 56. Part 2: Total vehicles, line 5 \$5,000.00 Part 3: Total personal and household items, line 15 \$1,700.00 58. Part 4: Total financial assets, line 36 \$4,100.00 59. Part 5: Total business-related property, line 45 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 62. Total personal property. Add lines 56 through 61... Copy personal property total \$10,800.00 \$10,800.00

Official Form 106A/B Schedule A/B: Property page 5

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$10,800.00

#### Entered 12/17/21 10:16:05 Case 21-14279 Doc 1 Filed 12/17/21 Page 15 of 41 Document

| Fill in this infor                      | mation to identify your | case:             |             |                     |
|-----------------------------------------|-------------------------|-------------------|-------------|---------------------|
| Debtor 1                                | Mary A Gunn             |                   |             |                     |
|                                         | First Name              | Middle Name       | Last Name   |                     |
| Debtor 2                                |                         |                   |             |                     |
| (Spouse if, filing)                     | First Name              | Middle Name       | Last Name   |                     |
| United States Bankruptcy Court for the: |                         | NORTHERN DISTRICT | OF ILLINOIS |                     |
| Case number                             |                         |                   |             |                     |
| (if known)                              |                         |                   |             | Check if this is an |
|                                         |                         |                   |             | amended filing      |

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify | the Pro | perty You | Claim as | Exempt |
|---------|----------|---------|-----------|----------|--------|
|---------|----------|---------|-----------|----------|--------|

|    | ■ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)   |                                     |       |                                                                 |                                    |  |  |  |
|----|----------------------------------------------------------------------------------------|-------------------------------------|-------|-----------------------------------------------------------------|------------------------------------|--|--|--|
|    | ☐ You are claiming federal exemptions. 11                                              | U.S.C. § 522(b)(2)                  |       |                                                                 |                                    |  |  |  |
| 2. | For any property you list on Schedule A/E                                              | 3 that you claim as exe             | empt, | fill in the information below.                                  |                                    |  |  |  |
|    | Brief description of the property and line on<br>Schedule A/B that lists this property |                                     |       |                                                                 | Specific laws that allow exemption |  |  |  |
|    |                                                                                        | Copy the value from<br>Schedule A/B | Che   | eck only one box for each exemption.                            |                                    |  |  |  |
|    | All household goods and furniture Line from Schedule A/B: 6.1                          | \$500.00                            |       | \$500.00                                                        | 735 ILCS 5/12-1001(b)              |  |  |  |
|    | Line Holli Schedule A/B. V. I                                                          |                                     |       | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |
|    | TV, cellphone, and all other electronics                                               | \$500.00                            |       | \$500.00                                                        | 735 ILCS 5/12-1001(b)              |  |  |  |
|    | Line from Schedule A/B: 7.1                                                            |                                     |       | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |
|    | Clothing owned by debtor Line from Schedule A/B: 11.1                                  | \$700.00                            |       | \$700.00                                                        | 735 ILCS 5/12-1001(a)              |  |  |  |
|    | Line Holli Schedule A.B. 11.1                                                          |                                     |       | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |
|    | Federal: Anticipated income tax refunds for tax year ending: 2021                      | \$4,000.00                          |       | \$3,000.00                                                      | 735 ILCS 5/12-1001(b)              |  |  |  |
|    | Line from Schedule A/B: 28.1                                                           |                                     |       | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |

П Official Form 106C

П

No

Yes

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Case 21-14279 Doc 1 Filed 12/17/21 Entered 12/17/21 10:16:05 Desc Main Document Page 16 of 41

Debtor 1 Mary A Gunn Case number (if known)

Case 21-14279 Doc 1 Filed 12/17/21 Entered 12/17/21 10:16:05 Desc Main Document Page 17 of 41

|                                                                          |                     | Document                                                                                                                            | Page 17            | of 41                                                  |                                              |                          |
|--------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------|----------------------------------------------|--------------------------|
| Fill in this information                                                 | n to identify you   | r case:                                                                                                                             |                    |                                                        |                                              |                          |
| Debtor 1 M                                                               | ary A Gunn          |                                                                                                                                     |                    |                                                        |                                              |                          |
|                                                                          | st Name             | Middle Name                                                                                                                         | Last Name          |                                                        |                                              |                          |
| Debtor 2<br>(Spouse if, filing) Fire                                     | st Name             | Middle Name                                                                                                                         | Last Name          |                                                        |                                              |                          |
| United States Bankrup                                                    | tcy Court for the:  | NORTHERN DISTRICT OF IL                                                                                                             | LINOIS             |                                                        |                                              |                          |
| Coop number                                                              |                     |                                                                                                                                     |                    |                                                        |                                              |                          |
| Case number (if known)                                                   |                     |                                                                                                                                     |                    |                                                        | ☐ Check                                      | if this is an            |
|                                                                          |                     |                                                                                                                                     |                    |                                                        | ameno                                        | led filing               |
| Official Form 10                                                         | )6D                 |                                                                                                                                     |                    |                                                        |                                              |                          |
|                                                                          |                     | Who Have Claims                                                                                                                     | Secured            | by Property                                            | v                                            | 12/15                    |
|                                                                          |                     |                                                                                                                                     |                    |                                                        |                                              |                          |
| is needed, copy the Addi                                                 |                     | f two married people are filing toget<br>out, number the entries, and attach it                                                     |                    |                                                        |                                              |                          |
| number (if known).<br>1. Do any creditors have                           | claims secured h    | vour property?                                                                                                                      |                    |                                                        |                                              |                          |
| _ `                                                                      | _                   | nis form to the court with your othe                                                                                                | r schedules. Yo    | u have nothing else to                                 | o report on this form.                       |                          |
| ■ Yes. Fill in all of                                                    |                     | ·                                                                                                                                   | Toomoduloo. To     | a navo nouning oldo k                                  |                                              |                          |
|                                                                          | cured Claims        | Jeiow.                                                                                                                              |                    |                                                        |                                              |                          |
|                                                                          |                     | nore than any accurad plaim, list the ar                                                                                            | roditor congrataly | Column A                                               | Column B                                     | Column C                 |
| for each claim. If more th                                               | an one creditor has | nore than one secured claim, list the cr<br>a particular claim, list the other credito<br>cal order according to the creditor's nar | rs in Part 2. As   | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 First Investors                                                      | Financial           | Describe the property that secures                                                                                                  | the claim:         | \$6,656.00                                             | \$5,000.00                                   | \$1,656.00               |
| Services Creditor's Name                                                 |                     | 2010 Chrysler Sebring 100,                                                                                                          |                    | Ψο,σσοίσσ                                              | 40,000.00                                    | 41,000.00                |
| 380 Interstate                                                           | North               | 2010 om yolo: cosining 100,                                                                                                         |                    |                                                        |                                              |                          |
| Parkway                                                                  |                     | As of the date you file, the claim is                                                                                               | Check all that     |                                                        |                                              |                          |
| 3rd Floor<br>Atlanta, GA 30                                              | 1300                | apply.                                                                                                                              |                    |                                                        |                                              |                          |
| Number, Street, City, S                                                  |                     | ☐ Contingent☐ Unliquidated                                                                                                          |                    |                                                        |                                              |                          |
| rumbor, onder, only, c                                                   | state a zip code    | ☐ Disputed                                                                                                                          |                    |                                                        |                                              |                          |
| Who owes the debt?                                                       | check one.          | Nature of lien. Check all that apply.                                                                                               |                    |                                                        |                                              |                          |
| ■ Debtor 1 only                                                          |                     | ☐ An agreement you made (such as                                                                                                    | mortgage or secu   | ıred                                                   |                                              |                          |
| Debtor 2 only                                                            |                     | car loan)                                                                                                                           |                    |                                                        |                                              |                          |
| ☐ Debtor 1 and Debtor 2                                                  | - ,                 | ☐ Statutory lien (such as tax lien, me                                                                                              | echanic's lien)    |                                                        |                                              |                          |
| ☐ At least one of the debtors and another ☐ Judgment lien from a lawsuit |                     |                                                                                                                                     |                    |                                                        |                                              |                          |
| Check if this claim re<br>community debt                                 | elates to a         | ☐ Other (including a right to offset)                                                                                               |                    |                                                        |                                              |                          |
|                                                                          | Opened              |                                                                                                                                     |                    |                                                        |                                              |                          |
|                                                                          | 06/14 Last          |                                                                                                                                     |                    |                                                        |                                              |                          |
| Date debt was incurred                                                   | Active<br>8/25/21   | Last 4 digits of account nun                                                                                                        | nber 0001          |                                                        |                                              |                          |
|                                                                          | 3,20,21             |                                                                                                                                     |                    |                                                        |                                              |                          |
|                                                                          |                     |                                                                                                                                     |                    |                                                        |                                              |                          |

Add the dollar value of your entries in Column A on this page. Write that number here: \$6,656.00

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: \$6,656.00

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Case 21-14279 Doc 1 Filed 12/17/21 Entered 12/17/21 10:16:05 Desc Main Document Page 18 of 41

|                                                              |                                                                                                                            | Document                                                                                                      | Page 18                       | 3 of 41                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                   |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| Fill in this                                                 | information to identify your o                                                                                             | case:                                                                                                         |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |
| Debtor 1                                                     | Mary A Gunn                                                                                                                |                                                                                                               |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |
| Dobtor 1                                                     | First Name                                                                                                                 | Middle Name                                                                                                   | Last Name                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |
| Debtor 2                                                     |                                                                                                                            |                                                                                                               |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |
| (Spouse if, filin                                            | ng) First Name                                                                                                             | Middle Name                                                                                                   | Last Name                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |
| United Stat                                                  | tes Bankruptcy Court for the:                                                                                              | NORTHERN DISTRICT OF I                                                                                        | LLINOIS                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |
| Case numb                                                    | nor.                                                                                                                       |                                                                                                               |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |
| (if known)                                                   | Jei                                                                                                                        |                                                                                                               |                               | п                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Check if this is an                               |
|                                                              |                                                                                                                            |                                                                                                               |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | amended filing                                    |
| O(" : 1                                                      | E 400E/E                                                                                                                   |                                                                                                               |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |
|                                                              | Form 106E/F                                                                                                                |                                                                                                               |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4044                                              |
|                                                              | lle E/F: Creditors W                                                                                                       |                                                                                                               |                               | Part 2 for creditors with NONPRIORITY cl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 12/15                                             |
| Schedule G:<br>Schedule D:<br>left. Attach ti<br>name and ca | Executory Contracts and Unexpi<br>Creditors Who Have Claims Secu<br>he Continuation Page to this paguse number (if known). | ired Leases (Official Form 106G).<br>ured by Property. If more space is<br>e. If you have no information to r | Do not include s needed, copy | contracts on Schedule A/B: Property (Offi<br>any creditors with partially secured clain<br>the Part you need, fill it out, number the e<br>do not file that Part. On the top of any add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ns that are listed in entries in the boxes on the |
|                                                              | List All of Your PRIORITY Un                                                                                               |                                                                                                               |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |
|                                                              | creditors have priority unsecured                                                                                          | d claims against you?                                                                                         |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |
|                                                              | Go to Part 2.                                                                                                              |                                                                                                               |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |
| ☐ Yes.                                                       |                                                                                                                            |                                                                                                               |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |
| Part 2:                                                      | List All of Your NONPRIORIT                                                                                                | Y Unsecured Claims                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |
| 3. Do any                                                    | creditors have nonpriority unsec                                                                                           | ured claims against you?                                                                                      |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |
| □ No. `                                                      | You have nothing to report in this pa                                                                                      | art. Submit this form to the court wit                                                                        | th vour other sche            | edules.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                   |
| _                                                            |                                                                                                                            |                                                                                                               | ,                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |
| Yes.                                                         |                                                                                                                            |                                                                                                               |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |
| unsecur                                                      | ed claim, list the creditor separately                                                                                     | for each claim. For each claim liste                                                                          | ed, identify what t           | holds each claim. If a creditor has more the type of claim it is. Do not list claims already in three nonpriority unsecured claims fill out the type of type of the type of the type of the type of the type of typ | ncluded in Part 1. If more                        |
|                                                              |                                                                                                                            |                                                                                                               |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Total claim                                       |
| 4.1 <b>A</b> r                                               | nerican First Finance                                                                                                      | Last 4 digits of ac                                                                                           | count number                  | 0001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$1,998.00                                        |
|                                                              | npriority Creditor's Name                                                                                                  |                                                                                                               |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |
|                                                              | tn: Bankruptcy<br>Box 565848                                                                                               | When was the de                                                                                               | ht incurred?                  | Opened 3/27/17 Last Active 11/21/19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                   |
|                                                              | allas, TX 75356                                                                                                            | when was the de                                                                                               | bt incurred :                 | 11/21/19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | _                                                 |
| Nu                                                           | mber Street City State Zip Code                                                                                            | As of the date you                                                                                            | u file, the claim             | s: Check all that apply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                   |
| Wh                                                           | o incurred the debt? Check one.                                                                                            |                                                                                                               |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |
|                                                              | Debtor 1 only                                                                                                              | ☐ Contingent                                                                                                  |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |
|                                                              | Debtor 2 only                                                                                                              | ☐ Unliquidated                                                                                                |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |
|                                                              | Debtor 1 and Debtor 2 only                                                                                                 | ☐ Disputed                                                                                                    |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |
|                                                              | At least one of the debtors and and                                                                                        |                                                                                                               | ORITY unsecure                | d claim:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   |
|                                                              | Check if this claim is for a comm                                                                                          | •                                                                                                             |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |
| del<br>Is t                                                  | ot<br>he claim subject to offset?                                                                                          | ☐ Obligations aris<br>report as priority cl                                                                   |                               | ration agreement or divorce that you did not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |
| _                                                            | No                                                                                                                         |                                                                                                               |                               | g plans, and other similar debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                   |
|                                                              | Yes                                                                                                                        | ·                                                                                                             | •                             | 51 ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                   |
|                                                              | 162                                                                                                                        | Other. Specify                                                                                                | Jecuieu                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |

Case 21-14279 Doc 1 Filed 12/17/21 Entered 12/17/21 10:16:05 Desc Main Document Page 19 of 41

| Debioi | Wary A Guilli                                                                                    | Case number (ii known)                                                                                   |          |  |  |  |  |
|--------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------|--|--|--|--|
| 4.2    | Comenity/Burlington                                                                              | Last 4 digits of account number 6651                                                                     | \$277.00 |  |  |  |  |
|        | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 182125 Columbus, OH 43218                    | Opened 04/21 Last Active When was the debt incurred? 11/21                                               |          |  |  |  |  |
|        | Number Street City State Zip Code                                                                | As of the date you file, the claim is: Check all that apply                                              |          |  |  |  |  |
|        | Who incurred the debt? Check one.                                                                |                                                                                                          |          |  |  |  |  |
|        | ■ Debtor 1 only                                                                                  | ☐ Contingent                                                                                             |          |  |  |  |  |
|        | Debtor 2 only                                                                                    | ☐ Unliquidated                                                                                           |          |  |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only                                                                     | ☐ Disputed                                                                                               |          |  |  |  |  |
|        | ☐ At least one of the debtors and another                                                        | Type of NONPRIORITY unsecured claim:                                                                     |          |  |  |  |  |
|        | ☐ Check if this claim is for a community                                                         | ☐ Student loans                                                                                          |          |  |  |  |  |
|        | debt Is the claim subject to offset?                                                             | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims |          |  |  |  |  |
|        | ■ No                                                                                             | ☐ Debts to pension or profit-sharing plans, and other similar debts                                      |          |  |  |  |  |
|        | Yes                                                                                              | ■ Other. Specify Charge Account                                                                          |          |  |  |  |  |
| 4.3    | Diverse Funding Associates                                                                       | Last 4 digits of account number 9026                                                                     | \$792.00 |  |  |  |  |
|        | Nonpriority Creditor's Name Attn: Bankruptcy 2351 North Forest Road, Ste 110 Getzville, NY 14068 | When was the debt incurred? Opened 4/01/21                                                               |          |  |  |  |  |
|        | Number Street City State Zip Code                                                                | As of the date you file, the claim is: Check all that apply                                              |          |  |  |  |  |
|        | Who incurred the debt? Check one.                                                                |                                                                                                          |          |  |  |  |  |
|        | □ Debtor 1 only □ Contingent □ Debtor 2 only □ Unliquidated                                      |                                                                                                          |          |  |  |  |  |
|        |                                                                                                  |                                                                                                          |          |  |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only                                                                     |                                                                                                          |          |  |  |  |  |
|        | $\square$ At least one of the debtors and another                                                | Type of NONPRIORITY unsecured claim:                                                                     |          |  |  |  |  |
|        | ☐ Check if this claim is for a community debt                                                    | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not          |          |  |  |  |  |
|        | Is the claim subject to offset?                                                                  | report as priority claims                                                                                |          |  |  |  |  |
|        | ■ No                                                                                             | $\square$ Debts to pension or profit-sharing plans, and other similar debts                              |          |  |  |  |  |
|        | Yes                                                                                              | ■ Other. Specify 01 Carson S                                                                             |          |  |  |  |  |
| 4.4    | Equifax                                                                                          | Last 4 digits of account number                                                                          | \$0.00   |  |  |  |  |
|        | Nonpriority Creditor's Name Attn: Bankruptcy Dept. P.O. Box 740241                               | When was the debt incurred?                                                                              |          |  |  |  |  |
|        | Atlanta, GA 30374  Number Street City State Zip Code                                             | As of the date you file, the claim is: Check all that apply                                              |          |  |  |  |  |
|        | Who incurred the debt? Check one.                                                                |                                                                                                          |          |  |  |  |  |
|        | ■ Debtor 1 only                                                                                  | ☐ Contingent                                                                                             |          |  |  |  |  |
|        | ☐ Debtor 2 only                                                                                  | ☐ Unliquidated                                                                                           |          |  |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only                                                                     |                                                                                                          |          |  |  |  |  |
|        | ☐ At least one of the debtors and another                                                        | Type of NONPRIORITY unsecured claim:                                                                     |          |  |  |  |  |
|        | ☐ Check if this claim is for a community debt                                                    | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not          |          |  |  |  |  |
|        | Is the claim subject to offset?                                                                  | report as priority claims                                                                                |          |  |  |  |  |
|        | ■ No                                                                                             | ☐ Debts to pension or profit-sharing plans, and other similar debts                                      |          |  |  |  |  |
|        | □Yes                                                                                             | ■ Other, Specify Notice Only                                                                             |          |  |  |  |  |

Case 21-14279 Doc 1 Filed 12/17/21 Entered 12/17/21 10:16:05 Desc Main Document Page 20 of 41

| Debto                      | r 1 Mary A Gunn                                                                  |                                                              | Case number (if known)                        |            |  |  |  |  |
|----------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|------------|--|--|--|--|
| 4.5                        | Experian                                                                         | Last 4 digits of account number                              |                                               | \$0.00     |  |  |  |  |
|                            | Nonpriority Creditor's Name Attn: Bankruptcy Dept. P.O. Box 2002 Allen, TX 75013 | When was the debt incurred?                                  |                                               |            |  |  |  |  |
|                            | Number Street City State Zip Code Who incurred the debt? Check one.              | As of the date you file, the claim                           | is: Check all that apply                      |            |  |  |  |  |
|                            | ■ Debtor 1 only                                                                  | ☐ Contingent                                                 |                                               |            |  |  |  |  |
|                            | Debtor 2 only                                                                    | Unliquidated                                                 |                                               |            |  |  |  |  |
|                            | Debtor 1 and Debtor 2 only                                                       | ☐ Disputed  Type of NONPRIORITY unsecure                     | od claim:                                     |            |  |  |  |  |
|                            | At least one of the debtors and another                                          | Student loans                                                | eu Claiiii.                                   |            |  |  |  |  |
|                            | ☐ Check if this claim is for a community debt Is the claim subject to offset?    |                                                              | aration agreement or divorce that you did not |            |  |  |  |  |
|                            | ■ No                                                                             | Debts to pension or profit-shari                             | ng plans, and other similar debts             |            |  |  |  |  |
|                            | Yes                                                                              | ■ Other Specify Notice Onl                                   |                                               |            |  |  |  |  |
| 4.6                        | Fedioan Nonpriority Creditor's Name                                              | Last 4 digits of account number                              | 0001                                          | \$7,791.00 |  |  |  |  |
|                            | Attn: Bankruptcy<br>Po Box 60610                                                 | When was the debt incurred?                                  | Opened 04/86 Last Active 10/01/21             |            |  |  |  |  |
|                            | Harrisburg, PA 17106  Number Street City State Zip Code                          | As of the date you file, the claim                           | is: Check all that apply                      |            |  |  |  |  |
|                            | Who incurred the debt? Check one.                                                | •                                                            | ,                                             |            |  |  |  |  |
|                            | ■ Debtor 1 only                                                                  | ☐ Contingent                                                 |                                               |            |  |  |  |  |
|                            | Debtor 2 only                                                                    | ☐ Unliquidated                                               |                                               |            |  |  |  |  |
|                            | ☐ Debtor 1 and Debtor 2 only                                                     | Disputed                                                     |                                               |            |  |  |  |  |
|                            | $\square$ At least one of the debtors and another                                | Type of NONPRIORITY unsecured claim:                         |                                               |            |  |  |  |  |
|                            | Check if this claim is for a community                                           | Student loans                                                |                                               |            |  |  |  |  |
|                            | debt<br>Is the claim subject to offset?                                          | ☐ Obligations arising out of a sep report as priority claims |                                               |            |  |  |  |  |
|                            | No                                                                               | Debts to pension or profit-shari                             | ng plans, and other similar debts             |            |  |  |  |  |
|                            | Yes                                                                              | Other. Specify                                               |                                               |            |  |  |  |  |
|                            |                                                                                  | Education                                                    | al                                            |            |  |  |  |  |
| 4.7                        | Fingerhut Nonpriority Creditor's Name                                            | Last 4 digits of account number                              | 3228                                          | \$928.00   |  |  |  |  |
|                            | Attn: Bankruptcy<br>6250 Ridgewood Road<br>Saint Cloud, MN 56303                 | When was the debt incurred?                                  | Opened 9/06/20 Last Active 12/05/21           |            |  |  |  |  |
|                            | Number Street City State Zip Code                                                | As of the date you file, the claim                           | is: Check all that apply                      |            |  |  |  |  |
|                            | Who incurred the debt? Check one.                                                |                                                              |                                               |            |  |  |  |  |
|                            | Debtor 1 only                                                                    | Contingent                                                   |                                               |            |  |  |  |  |
|                            | Debtor 2 only                                                                    | Unliquidated                                                 |                                               |            |  |  |  |  |
| Debtor 1 and Debtor 2 only |                                                                                  | Disputed                                                     |                                               |            |  |  |  |  |
|                            | At least one of the debtors and another                                          | Type of NONPRIORITY unsecure  ☐ Student loans                | е статт:                                      |            |  |  |  |  |
|                            | ☐ Check if this claim is for a community debt Is the claim subject to offset?    |                                                              | aration agreement or divorce that you did not |            |  |  |  |  |
|                            | ■ No                                                                             | Debts to pension or profit-shari                             | ng plans, and other similar debts             |            |  |  |  |  |
|                            | □ Yes                                                                            | ■ Other. Specify Charge Ac                                   |                                               |            |  |  |  |  |
|                            |                                                                                  | - Other. Specify                                             |                                               |            |  |  |  |  |

Case 21-14279 Doc 1 Filed 12/17/21 Entered 12/17/21 10:16:05 Desc Main Document Page 21 of 41

| Debioi | Mary A Guilli                                                                                                    |                                                                                                                              | Case number (i kilowii)                      |            |
|--------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|------------|
| 4.8    | First Premier Bank                                                                                               | Last 4 digits of account number                                                                                              | 5770                                         | \$942.00   |
|        | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 5524 Sioux Falls, SD 57117 Number Street City State Zip Code | When was the debt incurred?  Opened 2/14/17 Last Active 9/13/17  As of the date you file, the claim is: Check all that apply |                                              |            |
|        | Who incurred the debt? Check one.                                                                                |                                                                                                                              |                                              |            |
|        | Debtor 1 only                                                                                                    | ☐ Contingent                                                                                                                 |                                              |            |
|        | ☐ Debtor 2 only                                                                                                  | ☐ Unliquidated                                                                                                               |                                              |            |
|        | ☐ Debtor 1 and Debtor 2 only                                                                                     | ☐ Disputed                                                                                                                   |                                              |            |
|        | ☐ At least one of the debtors and another                                                                        | Type of NONPRIORITY unsecured                                                                                                | d claim:                                     |            |
|        | ☐ Check if this claim is for a community debt Is the claim subject to offset?                                    | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims                                                 | ration agreement or divorce that you did not |            |
|        | ■ No                                                                                                             | ☐ Debts to pension or profit-sharin                                                                                          | g plans, and other similar debts             |            |
|        | Yes                                                                                                              | Other. Specify Credit Card                                                                                                   | <u> </u>                                     |            |
| 4.9    | First Premier Bank                                                                                               | Last 4 digits of account number                                                                                              | 3437                                         | \$808.00   |
|        | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 5524                                                         | When was the debt incurred?                                                                                                  | Opened 12/28/15 Last Active 9/13/17          |            |
|        | Sioux Falls, SD 57117  Number Street City State Zip Code  Who incurred the debt? Check one.                      | As of the date you file, the claim                                                                                           | s: Check all that apply                      |            |
|        | ■ Debtor 1 only                                                                                                  | ☐ Contingent                                                                                                                 |                                              |            |
|        | ☐ Debtor 2 only                                                                                                  | ☐ Unliquidated                                                                                                               |                                              |            |
|        | ☐ Debtor 1 and Debtor 2 only                                                                                     | ☐ Disputed                                                                                                                   |                                              |            |
|        | ☐ At least one of the debtors and another                                                                        | Type of NONPRIORITY unsecured                                                                                                | d claim:                                     |            |
|        | ☐ Check if this claim is for a community                                                                         | ☐ Student loans                                                                                                              |                                              |            |
|        | debt Is the claim subject to offset?                                                                             | ☐ Obligations arising out of a separeport as priority claims                                                                 |                                              |            |
|        | No                                                                                                               | Debts to pension or profit-sharing                                                                                           | g plans, and other similar debts             |            |
|        | Yes                                                                                                              | Other. Specify Credit Card                                                                                                   | <u> </u>                                     |            |
| 4.1    | Great American Finance                                                                                           | Last 4 digits of account number                                                                                              | 4395                                         | \$1,185.00 |
|        | Nonpriority Creditor's Name Attn: Bankruptcy 20 N Wacker Dr. Suite 2275 Chicago, IL 60606                        | When was the debt incurred?                                                                                                  | Opened 05/21 Last Active 11/22/21            |            |
|        | Number Street City State Zip Code Who incurred the debt? Check one.                                              | As of the date you file, the claim                                                                                           | s: Check all that apply                      |            |
|        | ■ Debtor 1 only                                                                                                  | ☐ Contingent                                                                                                                 |                                              |            |
|        | ☐ Debtor 2 only                                                                                                  | ☐ Unliquidated                                                                                                               |                                              |            |
|        | ☐ Debtor 1 and Debtor 2 only                                                                                     | ☐ Disputed                                                                                                                   |                                              |            |
|        | ☐ At least one of the debtors and another                                                                        | Type of NONPRIORITY unsecured                                                                                                |                                              |            |
|        | ☐ Check if this claim is for a community                                                                         | ☐ Student loans                                                                                                              |                                              |            |
|        | debt Is the claim subject to offset?                                                                             | report as priority claims                                                                                                    | ration agreement or divorce that you did not |            |
|        | ■ No                                                                                                             | Debts to pension or profit-sharing                                                                                           | •                                            |            |
|        | Yes                                                                                                              | ■ Other. Specify Household                                                                                                   | Goods                                        |            |

Case 21-14279 Doc 1 Filed 12/17/21 Entered 12/17/21 10:16:05 Desc Main Document Page 22 of 41

| Debtor             | <sup>1</sup> Mary A G                    | unn                                                  |                                                                                                                                                       | Case nun            | nber (if kno  | wn)                      |                         |
|--------------------|------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------|--------------------------|-------------------------|
| 4.1                | OneMain Fi                               |                                                      | Last 4 digits of account number                                                                                                                       | 4388                |               |                          | \$4,401.00              |
|                    | Nonpriority Cred Attn: Bankr Po Box 325  | ruptcy<br>1                                          | When was the debt incurred?                                                                                                                           | Opene<br>11/15/2    |               | Last Active              |                         |
|                    |                                          | City State Zip Code                                  | As of the date you file, the claim i                                                                                                                  | i <b>s:</b> Check a | all that appl | у                        |                         |
|                    | Who incurred                             | the debt? Check one.                                 |                                                                                                                                                       |                     |               |                          |                         |
|                    | Debtor 1 on                              | ly                                                   | ☐ Contingent                                                                                                                                          |                     |               |                          |                         |
|                    | Debtor 2 on                              | ly                                                   | ☐ Unliquidated                                                                                                                                        |                     |               |                          |                         |
|                    | Debtor 1 and                             | d Debtor 2 only                                      | ☐ Disputed                                                                                                                                            |                     |               |                          |                         |
|                    | ☐ At least one                           | of the debtors and another                           | Type of NONPRIORITY unsecured                                                                                                                         | d claim:            |               |                          |                         |
|                    |                                          | is claim is for a community                          | Student loans                                                                                                                                         |                     |               |                          |                         |
|                    | debt<br>Is the claim su                  | bject to offset?                                     | ☐ Obligations arising out of a sepa report as priority claims                                                                                         | ration agre         | eement or o   | divorce that you did not |                         |
|                    | ■ No                                     |                                                      | Debts to pension or profit-sharin                                                                                                                     | g plans, ar         | nd other sin  | nilar debts              |                         |
|                    | ☐ Yes                                    |                                                      | Other. Specify Unsecured                                                                                                                              |                     |               |                          |                         |
|                    |                                          |                                                      |                                                                                                                                                       |                     |               |                          |                         |
| 4.1                | Transunion                               |                                                      | Last 4 digits of account number                                                                                                                       |                     |               |                          | \$0.00                  |
|                    | Nonpriority Cree Attn: Bankr P.O. Box 10 | ruptcy Dept.                                         | When was the debt incurred?                                                                                                                           |                     |               |                          |                         |
|                    | Number Street                            | e, PA 19022 City State Zip Code the debt? Check one. | As of the date you file, the claim i                                                                                                                  | i <b>s:</b> Check a | all that appl | у                        |                         |
|                    | ■ Debtor 1 on                            | lv                                                   | ☐ Contingent                                                                                                                                          |                     |               |                          |                         |
|                    | Debtor 2 on                              | •                                                    | ☐ Unliquidated                                                                                                                                        |                     |               |                          |                         |
|                    | Debtor 1 and                             | •                                                    | ☐ Disputed                                                                                                                                            |                     |               |                          |                         |
|                    | _                                        | of the debtors and another                           | Type of NONPRIORITY unsecured                                                                                                                         | d claim:            |               |                          |                         |
|                    |                                          | is claim is for a community                          | ☐ Student loans                                                                                                                                       |                     |               |                          |                         |
|                    | debt                                     | bject to offset?                                     | Obligations arising out of a sepa                                                                                                                     | ration agre         | eement or o   | divorce that you did not |                         |
|                    | ■ No                                     | bject to onset:                                      | Debts to pension or profit-sharin                                                                                                                     | n plans ar          | nd other sin  | nilar debts              |                         |
|                    | □ Yes                                    |                                                      | ■ Other. Specify Notice Only                                                                                                                          | •                   |               |                          |                         |
|                    |                                          |                                                      |                                                                                                                                                       |                     |               |                          |                         |
| Part 3:            | List Others                              | s to Be Notified About a Debt                        | That You Already Listed                                                                                                                               |                     |               |                          |                         |
| is tryii<br>have i | ng to collect fro<br>more than one o     | m you for a debt you owe to som                      | out your bankruptcy, for a debt that y<br>seone else, list the original creditor in<br>you listed in Parts 1 or 2, list the addi<br>submit this page. | Parts 1 o           | r 2, then lis | st the collection agency | here. Similarly, if you |
| Part 4:            |                                          | mounts for Each Type of Uns                          |                                                                                                                                                       |                     |               |                          |                         |
|                    | the amounts of<br>of unsecured cla       |                                                      | s. This information is for statistical re                                                                                                             | eporting p          | urposes o     | nly. 28 U.S.C. §159. Add | I the amounts for each  |
|                    |                                          |                                                      |                                                                                                                                                       |                     |               | Total Claim              |                         |
| Total              | 6a.                                      | Domestic support obligations                         |                                                                                                                                                       | 6a.                 | \$            | 0.00                     |                         |
| claims<br>from Pa  | art 1 Ch                                 | Tayon and cortain other debte                        | you awa the government                                                                                                                                | 6h                  | <b>c</b>      | 0.00                     |                         |
| IIOIII Fa          | ort 1 6b.                                | Taxes and certain other debts y                      | jury while you were intoxicated                                                                                                                       | 6b.<br>6c.          | \$<br>        | 0.00                     |                         |
|                    | 6d.                                      | •                                                    | cured claims. Write that amount here.                                                                                                                 | 6d.                 | \$            | 0.00                     |                         |
|                    | 6e.                                      | Total Priority. Add lines 6a throu                   | ah 6d                                                                                                                                                 | 6e.                 | \$            | 0.00                     |                         |
|                    |                                          |                                                      | gw.                                                                                                                                                   | -0.                 | Ψ <sub></sub> | 0.00                     | ·                       |
|                    | 6f.                                      | Student loans                                        |                                                                                                                                                       | 6f.                 | \$            | Total Claim 7,791.00     |                         |
| Total claims       | 31.                                      |                                                      |                                                                                                                                                       |                     | Ψ             | 1,131.00                 |                         |
| from Pa            | rt <b>2</b> 6g.                          | Obligations arising out of a sep                     | paration agreement or divorce that                                                                                                                    | 6g.                 | \$            | 0.00                     |                         |

Official Form 106 E/F

0.00

Case 21-14279 Doc 1 Filed 12/17/21 Entered 12/17/21 10:16:05 Desc Main Document Page 23 of 41

6j.

19,122.00

Debtor 1 Mary A Gunn Case number (if known)

you did not report as priority claims
Debts to pension or profit-sharing plans, and other similar debts
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

Case number (if known)

6h. \$ 0.00

11,331.00

Total Nonpriority. Add lines 6f through 6i.

Official Form 106 E/F

Case 21-14279 Doc 1 Filed 12/17/21 Entered 12/17/21 10:16:05 Desc Mai Document Page 24 of 41

| Fill in this information to identify your case: |             |                   |             |  |  |  |
|-------------------------------------------------|-------------|-------------------|-------------|--|--|--|
| Debtor 1                                        | Mary A Gunn |                   |             |  |  |  |
|                                                 | First Name  | Middle Name       | Last Name   |  |  |  |
| Debtor 2                                        |             |                   |             |  |  |  |
| (Spouse if, filing)                             | First Name  | Middle Name       | Last Name   |  |  |  |
| United States Bankruptcy Court for the:         |             | NORTHERN DISTRICT | OF ILLINOIS |  |  |  |
| Case number                                     |             |                   |             |  |  |  |
| (if known)                                      |             |                   |             |  |  |  |
|                                                 |             |                   |             |  |  |  |

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with | whom you have the<br>r, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|-------------------------------------------------------|-------------------|-----------------------------------------|
| 2.1 |           |              |                                                       |                   |                                         |
|     | Name      |              |                                                       |                   | _                                       |
|     | Number    | Street       |                                                       |                   | _                                       |
|     | City      |              | State                                                 | ZIP Code          | _                                       |
| 2.2 |           |              |                                                       |                   |                                         |
|     | Name      |              |                                                       |                   | _                                       |
|     | Number    | Street       |                                                       |                   | _                                       |
|     | City      |              | State                                                 | ZIP Code          | _                                       |
| 2.3 |           |              |                                                       |                   |                                         |
|     | Name      |              |                                                       |                   | _                                       |
|     | Number    | Street       |                                                       |                   | _                                       |
|     | City      |              | State                                                 | ZIP Code          |                                         |
| 2.4 |           |              |                                                       |                   |                                         |
|     | Name      |              |                                                       |                   |                                         |
|     | Number    | Street       |                                                       |                   |                                         |
|     | City      |              | State                                                 | ZIP Code          |                                         |
| 2.5 |           |              |                                                       |                   |                                         |
|     | Name      |              |                                                       |                   |                                         |
|     | Number    | Street       |                                                       |                   |                                         |
|     | City      |              | State                                                 | ZIP Code          |                                         |
|     |           |              |                                                       |                   |                                         |

Case 21-14279 Doc 1 Filed 12/17/21 Entered 12/17/21 10:16:05 Desc Main Document Page 25 of 41

|                |                                                                                                      | Docume                                                  | nı Page 25 C                            | )I 41                                          |                                                                                                                                                    |
|----------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Fill in thi    | s information to identify you                                                                        | r case:                                                 |                                         |                                                |                                                                                                                                                    |
|                |                                                                                                      |                                                         |                                         |                                                |                                                                                                                                                    |
| Debtor 1       | Mary A Gunn First Name                                                                               | Middle Name                                             | Last Name                               |                                                |                                                                                                                                                    |
| Debtor 2       | , not reality                                                                                        | made Hame                                               | 2aot Hamo                               |                                                |                                                                                                                                                    |
| (Spouse if, fi | ling) First Name                                                                                     | Middle Name                                             | Last Name                               |                                                |                                                                                                                                                    |
| United Ct      | ataa Bankruntay Court for tha                                                                        | NORTHERN DISTRICT                                       | OE II LINOIS                            |                                                |                                                                                                                                                    |
| United St      | ates Bankruptcy Court for the:                                                                       | NOKTIERN DISTRICT                                       | OF ILLINOIS                             |                                                |                                                                                                                                                    |
| Case nun       | nber                                                                                                 |                                                         |                                         |                                                |                                                                                                                                                    |
| (if known)     |                                                                                                      |                                                         |                                         |                                                | ☐ Check if this is an                                                                                                                              |
|                |                                                                                                      |                                                         |                                         |                                                | amended filing                                                                                                                                     |
| O (()          | . =                                                                                                  |                                                         |                                         |                                                |                                                                                                                                                    |
| Officia        | al Form 106H                                                                                         |                                                         |                                         |                                                |                                                                                                                                                    |
| Sche           | dule H: Your Cod                                                                                     | debtors                                                 |                                         |                                                | 12/15                                                                                                                                              |
| 00110          | <u> </u>                                                                                             |                                                         |                                         |                                                | 12,10                                                                                                                                              |
| your nam       | e and case number (if knowr  you have any codebtors? (if                                             | n). Answer every question                               |                                         |                                                | o of any Additional Pages, write                                                                                                                   |
| 2 W            | thin the last 8 years, have yo                                                                       | u lived in a community n                                | onarty stata ar tarrita                 | su2 (Community proporty                        | v states and tarritories include                                                                                                                   |
|                | na, California, Idaho, Louisiana                                                                     |                                                         |                                         |                                                | y states and territories include                                                                                                                   |
|                | ,,,,                                                                                                 | .,                                                      | , , , , , , , , , , , , , , , , , , , , |                                                |                                                                                                                                                    |
| ■ No           | o. Go to line 3.                                                                                     |                                                         |                                         |                                                |                                                                                                                                                    |
| □Ye            | es. Did your spouse, former spo                                                                      | ouse, or legal equivalent live                          | e with you at the time?                 |                                                |                                                                                                                                                    |
|                |                                                                                                      |                                                         |                                         |                                                |                                                                                                                                                    |
| in lin<br>Form | e 2 again as a codebtor only<br>n 106D), Schedule E/F (Officia<br>Column 2.  Column 1: Your codebtor | if that person is a guarar<br>al Form 106E/F), or Sched | tor or cosigner. Make                   | sure you have listed the DGG). Use Schedule D, | g with you. List the person shown<br>ne creditor on Schedule D (Official<br>Schedule E/F, or Schedule G to fill<br>editor to whom you owe the debt |
|                | Name, Number, Street, City, State and                                                                | ZIP Code                                                |                                         | Check all schedule                             | es that apply:                                                                                                                                     |
| 3.1            |                                                                                                      |                                                         |                                         | ☐ Schedule D. line                             | •                                                                                                                                                  |
| 3.1            | Name                                                                                                 |                                                         |                                         | Schedule E/F, li                               |                                                                                                                                                    |
|                |                                                                                                      |                                                         |                                         | ☐ Schedule G, line                             |                                                                                                                                                    |
|                |                                                                                                      |                                                         |                                         | Scriedule G, line                              | e                                                                                                                                                  |
|                | Number Street                                                                                        |                                                         |                                         | _                                              |                                                                                                                                                    |
|                | City                                                                                                 | State                                                   | ZIP Code                                |                                                |                                                                                                                                                    |
|                |                                                                                                      |                                                         |                                         |                                                |                                                                                                                                                    |
| 3.2            |                                                                                                      |                                                         |                                         | ☐ Schedule D, line                             | е                                                                                                                                                  |
|                | Name                                                                                                 |                                                         |                                         | ☐ Schedule E/F, li                             |                                                                                                                                                    |
|                |                                                                                                      |                                                         |                                         | ☐ Schedule G, line                             |                                                                                                                                                    |
|                | Number Street                                                                                        |                                                         |                                         | _                                              |                                                                                                                                                    |
|                | Number Street<br>City                                                                                | State                                                   | ZIP Code                                |                                                |                                                                                                                                                    |
|                | •                                                                                                    |                                                         |                                         |                                                |                                                                                                                                                    |

# Case 21-14279 Doc 1 Filed 12/17/21 Entered 12/17/21 10:16:05 Desc Main Document Page 26 of 41

| Fill               | in this information to identify your o                                                                                                                     | rase.                                                                             |                                |                            |                |                   |                                 |                      |                               |                        |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------|----------------------------|----------------|-------------------|---------------------------------|----------------------|-------------------------------|------------------------|
|                    | btor 1 Mary A Gur                                                                                                                                          |                                                                                   |                                |                            |                |                   |                                 |                      |                               |                        |
| Del                | otor 2                                                                                                                                                     | ··                                                                                |                                |                            |                | _                 |                                 |                      |                               |                        |
| Uni                | ted States Bankruptcy Court for the                                                                                                                        | e: NORTHERN DISTRIC                                                               | T OF ILLING                    | olS                        |                |                   |                                 |                      |                               |                        |
| l                  | se number<br>nown)                                                                                                                                         |                                                                                   |                                |                            |                |                   |                                 | ded filing           | wing postpetit                |                        |
| $\bigcirc$         | fficial Form 106I                                                                                                                                          |                                                                                   |                                |                            |                |                   |                                 |                      | ne following da               | ate:                   |
|                    | chedule I: Your Inc                                                                                                                                        | om o                                                                              |                                |                            |                |                   | MM / DE                         | / YYYY               |                               | 12/15                  |
| sup<br>spo<br>atta | as complete and accurate as posplying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment | are married and not filing wing spouse is not filing wing the top of any addition | ng jointly, an<br>th you, do n | d your spo<br>ot include i | use i<br>nforn | s livin<br>natior | ig with you, ir<br>about your s | clude in<br>pouse. I | formation abo<br>f more space | out your<br>is needed, |
| 1.                 | Fill in your employment information.                                                                                                                       |                                                                                   | Debtor 1                       |                            |                |                   | Debto                           | r 2 or no            | n-filing spou                 | se                     |
|                    | If you have more than one job,                                                                                                                             | Empleyment status*                                                                | ■ Employed                     |                            | ☐ En           | ☐ Employed        |                                 |                      |                               |                        |
|                    | attach a separate page with information about additional                                                                                                   | Employment status*                                                                | ☐ Not employed                 |                            |                | □ No              | ☐ Not employed                  |                      |                               |                        |
|                    | employers.                                                                                                                                                 | Occupation                                                                        | Home ca                        | re aide                    |                |                   |                                 |                      |                               |                        |
|                    | Include part-time, seasonal, or self-employed work.                                                                                                        | Employer's name                                                                   | Europear                       | n America                  | n As           | soc               |                                 |                      |                               |                        |
|                    | Occupation may include student or homemaker, if it applies.                                                                                                | Employer's address                                                                | 2827 W D<br>Chicago,           | ivision St<br>IL 60622     |                |                   |                                 |                      |                               |                        |
|                    |                                                                                                                                                            | How long employed th                                                              | nere? 1                        | l8 years                   |                |                   |                                 |                      |                               |                        |
|                    |                                                                                                                                                            |                                                                                   | *                              | See Attach                 | ment           | for A             | dditional Em                    | loyment              | Information                   |                        |
| Pai                | t 2: Give Details About Mo                                                                                                                                 | nthly Income                                                                      |                                |                            |                |                   |                                 |                      |                               |                        |
| spoi<br>If yo      | mate monthly income as of the cuse unless you are separated.  u or your non-filing spouse have m                                                           | ore than one employer, co                                                         |                                | 0 ,                        |                | •                 |                                 | ·                    | ·                             | · ·                    |
| mor                | e space, attach a separate sheet to                                                                                                                        | this form.                                                                        |                                |                            |                |                   |                                 |                      |                               | _                      |
|                    |                                                                                                                                                            |                                                                                   |                                |                            |                | ı                 | For Debtor 1                    |                      | Debtor 2 or<br>-filing spous  | е                      |
| 2.                 | List monthly gross wages, sala deductions). If not paid monthly,                                                                                           |                                                                                   |                                |                            | 2.             | \$_               | 3,062.0                         | <b>D</b> \$_         | N                             | <u>/A</u>              |
| 3.                 | Estimate and list monthly over                                                                                                                             | time pay.                                                                         |                                |                            | 3.             | +\$_              | 0.0                             | <u> </u>             | N                             | <u>/A</u>              |
| 4.                 | Calculate gross Income. Add li                                                                                                                             | ne 2 + line 3.                                                                    |                                |                            | 4.             | \$_               | 3,062.00                        | \$                   | N/A                           | -                      |
|                    |                                                                                                                                                            |                                                                                   |                                |                            |                |                   |                                 |                      |                               |                        |

Official Form 106I Schedule I: Your Income page 1

# Case 21-14279 Doc 1 Filed 12/17/21 Entered 12/17/21 10:16:05 Desc Main Document Page 27 of 41

| Deb | otor 1                                                                                                                                                                                                                                                                                                                                                                                         | Mary A Gunn                                                                                                                                                                                                                                                                         | -        | С   | ase number (if ki | nown) |           |                                |                  |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|-------------------|-------|-----------|--------------------------------|------------------|
|     |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                     |          |     | For Debtor 1      |       | non       | Debtor 2 or<br>n-filing spouse |                  |
|     | Cop                                                                                                                                                                                                                                                                                                                                                                                            | by line 4 here                                                                                                                                                                                                                                                                      | 4.       |     | \$ 3,062          | 2.00  | \$        | N/A                            | <u>-</u>         |
| 5.  | List                                                                                                                                                                                                                                                                                                                                                                                           | all payroll deductions:                                                                                                                                                                                                                                                             |          |     |                   |       |           |                                |                  |
|     | 5a.                                                                                                                                                                                                                                                                                                                                                                                            | Tax, Medicare, and Social Security deductions                                                                                                                                                                                                                                       | 5a       | ١.  | \$ 522            | 2.00  | \$        | N/A                            |                  |
|     | 5b.                                                                                                                                                                                                                                                                                                                                                                                            | Mandatory contributions for retirement plans                                                                                                                                                                                                                                        | 5b       | ).  |                   | 0.00  | \$        | N/A                            | _                |
|     | 5c.                                                                                                                                                                                                                                                                                                                                                                                            | Voluntary contributions for retirement plans                                                                                                                                                                                                                                        | 5c       | :.  | \$                | 0.00  | \$        | N/A                            | _                |
|     | 5d.                                                                                                                                                                                                                                                                                                                                                                                            | Required repayments of retirement fund loans                                                                                                                                                                                                                                        | 5d       |     |                   | 0.00  | \$        | N/A                            | _                |
|     | 5e.                                                                                                                                                                                                                                                                                                                                                                                            | Insurance                                                                                                                                                                                                                                                                           | 5e       |     |                   | 0.00  | \$        | N/A                            | _                |
|     | 5f.                                                                                                                                                                                                                                                                                                                                                                                            | Domestic support obligations                                                                                                                                                                                                                                                        | 5f.      |     | . —               | 0.00  | \$_       | N/A                            | _                |
|     | 5g.<br>5h.                                                                                                                                                                                                                                                                                                                                                                                     | Union dues Other deductions. Specify:                                                                                                                                                                                                                                               | 5g<br>5h | '   | ·                 | 0.00  | + \$_     | N/A<br>N/A                     | _                |
| 6.  |                                                                                                                                                                                                                                                                                                                                                                                                | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.                                                                                                                                                                                                                          | _ 6.     |     | · —               |       | · •       | N/A                            | _                |
|     |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                     | 7.       |     |                   | 2.00  | Ψ<br>\$   |                                | _                |
| 7.  |                                                                                                                                                                                                                                                                                                                                                                                                | culate total monthly take-home pay. Subtract line 6 from line 4.                                                                                                                                                                                                                    | 7.       | •   | \$ 2,540          | ).00  | Φ_        | N/A                            | _                |
| 8.  | List<br>8a.                                                                                                                                                                                                                                                                                                                                                                                    | t all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly not income.   | 90       |     | \$                |       | ¢         | N/A                            |                  |
|     | 8b.                                                                                                                                                                                                                                                                                                                                                                                            | monthly net income.  Interest and dividends                                                                                                                                                                                                                                         | 8a<br>8b |     | ·                 | 0.00  | \$<br>\$  | N/A<br>N/A                     | _                |
|     | 8c.                                                                                                                                                                                                                                                                                                                                                                                            | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce                                                                                                                       |          |     |                   |       | · <u></u> | -                              | _                |
|     | 8d.                                                                                                                                                                                                                                                                                                                                                                                            | settlement, and property settlement. Unemployment compensation                                                                                                                                                                                                                      | 8c<br>8d |     |                   | 0.00  | \$_<br>\$ | N/A<br>N/A                     | _                |
|     | 8e.                                                                                                                                                                                                                                                                                                                                                                                            | Social Security                                                                                                                                                                                                                                                                     | 8e       |     | <u> </u>          | 0.00  | \$<br>-   | N/A                            | _                |
|     | 8f.                                                                                                                                                                                                                                                                                                                                                                                            | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: Foster care | 8f.      |     | \$                | 0.00  | \$        | N/A                            | _                |
|     | 8g.<br>8h.                                                                                                                                                                                                                                                                                                                                                                                     | Pension or retirement income                                                                                                                                                                                                                                                        | 8g<br>8h |     |                   | 0.00  |           | N/A                            | _                |
|     | OII.                                                                                                                                                                                                                                                                                                                                                                                           | Other monthly income. Specify: Part time work                                                                                                                                                                                                                                       | _ 011    | .+  | \$ 675            | 5.00  | † J       | N/A                            | _                |
| 9.  | Add                                                                                                                                                                                                                                                                                                                                                                                            | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.                                                                                                                                                                                                                              | 9.       | \$  | 2,47              | 5.00  | \$        | N//                            | A                |
| 10. | Cal                                                                                                                                                                                                                                                                                                                                                                                            | culate monthly income. Add line 7 + line 9.                                                                                                                                                                                                                                         | 10.      | \$  | 5,015.00          | + \$  |           | N/A = \$                       | 5,015.00         |
|     | Add                                                                                                                                                                                                                                                                                                                                                                                            | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.                                                                                                                                                                                                              |          |     | -,                |       |           |                                | .,               |
| 11. | 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. +\$ 0.00 |                                                                                                                                                                                                                                                                                     |          |     |                   |       |           |                                |                  |
| 12. |                                                                                                                                                                                                                                                                                                                                                                                                | If the amount in the last column of line 10 to the amount in line 11. The rester that amount on the Summary of Schedules and Statistical Summary of Certainlies                                                                                                                     |          |     |                   |       |           | . 12. \$                       | 5,015.00         |
| 13. | Do                                                                                                                                                                                                                                                                                                                                                                                             | you expect an increase or decrease within the year after you file this form<br>No.                                                                                                                                                                                                  | ?        |     |                   |       |           |                                | nea<br>ly income |
|     |                                                                                                                                                                                                                                                                                                                                                                                                | Yes. Explain: Foster care of \$600/mo for oldest son will end Se                                                                                                                                                                                                                    | ept 2    | 022 | <u> </u>          |       |           |                                |                  |

Official Form 106l Schedule I: Your Income page 2

Case 21-14279 Doc 1 Filed 12/17/21 Entered 12/17/21 10:16:05 Desc Main Document Page 28 of 41

| Debtor 1 | Mary A Gunn | Case number (if known) |  |
|----------|-------------|------------------------|--|
|          |             |                        |  |

# Official Form B 6I Attachment for Additional Employment Information

| Debtor              |                   |  |
|---------------------|-------------------|--|
| Occupation          | Home care aide    |  |
| Name of Employer    | Help At Home LLC  |  |
| How long employed   | 10 months         |  |
| Address of Employer | 33 S State St     |  |
|                     | Chicago, IL 60602 |  |

Official Form 106l Schedule I: Your Income page 3

| Fill       | in this information to identify your case:                                                                                                                               |                                         |                                                            |                   |                               |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------------------------------|-------------------|-------------------------------|
| Deb        | otor 1 Mary A Gunn                                                                                                                                                       |                                         | Chec                                                       | k if this is:     |                               |
| Deh        | otor 2                                                                                                                                                                   |                                         | ☐ An amended filing ☐ A supplement showing postpetition of |                   |                               |
|            | ouse, if filing)                                                                                                                                                         |                                         |                                                            | 13 expenses as of |                               |
| Unit       | red States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLIN                                                                                                          | OIS                                     | Ī                                                          | MM / DD / YYYY    |                               |
| Cas        | e number                                                                                                                                                                 |                                         |                                                            |                   |                               |
| (If k      | nown)                                                                                                                                                                    |                                         |                                                            |                   |                               |
| $\bigcirc$ | fficial Form 106J                                                                                                                                                        |                                         |                                                            |                   |                               |
|            | chedule J: Your Expenses                                                                                                                                                 |                                         |                                                            |                   | 12/1:                         |
| Be<br>info | as complete and accurate as possible. If two married people are permation. If more space is needed, attach another sheet to this mber (if known). Answer every question. |                                         |                                                            |                   | r supplying correct           |
| Par<br>1.  | t 1: Describe Your Household Is this a joint case?                                                                                                                       |                                         |                                                            |                   |                               |
|            | No. Go to line 2.                                                                                                                                                        |                                         |                                                            |                   |                               |
|            | ☐ Yes. Does Debtor 2 live in a separate household?                                                                                                                       |                                         |                                                            |                   |                               |
|            | ☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses</i>                                                                                                     | s for Separate House                    | <i>hold</i> of Debt                                        | or 2.             |                               |
| 2.         | Do you have dependents? ☐ No                                                                                                                                             | •                                       |                                                            |                   |                               |
|            | Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent                                                                                          | Dependent's relation Debtor 1 or Debtor |                                                            | Dependent's age   | Does dependent live with you? |
|            | Do not state the                                                                                                                                                         |                                         |                                                            |                   | □ No                          |
|            | dependents names.                                                                                                                                                        | Foster Daught                           | er                                                         | 12                | ■ Yes<br>□ No                 |
|            |                                                                                                                                                                          | Foster Son                              |                                                            | 14                | ■ Yes                         |
|            |                                                                                                                                                                          | Footon Son                              |                                                            | 47                | □ No                          |
|            |                                                                                                                                                                          | Foster Son                              |                                                            | <u>17</u>         | ■ Yes<br>□ No                 |
| •          |                                                                                                                                                                          |                                         |                                                            |                   | ☐ Yes                         |
| 3.         | Do your expenses include expenses of people other than yourself and your dependents?                                                                                     |                                         |                                                            |                   |                               |
|            | t 2: Estimate Your Ongoing Monthly Expenses                                                                                                                              |                                         |                                                            |                   |                               |
| exp        | imate your expenses as of your bankruptcy filing date unless y<br>penses as of a date after the bankruptcy is filed. If this is a supp<br>plicable date.                 |                                         |                                                            |                   |                               |
|            | lude expenses paid for with non-cash government assistance i value of such assistance and have included it on Schedule I;                                                |                                         |                                                            |                   |                               |
|            | ficial Form 106l.)                                                                                                                                                       | rour income                             |                                                            | Your expe         | enses                         |
| 4.         | The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.                                                                | nclude first mortgage                   | 4. \$                                                      |                   | 1,500.00                      |
|            | If not included in line 4:                                                                                                                                               |                                         |                                                            |                   |                               |
|            | 4a. Real estate taxes                                                                                                                                                    |                                         | 4a. \$                                                     |                   | 0.00                          |
|            | 4b. Property, homeowner's, or renter's insurance                                                                                                                         |                                         | 4b. \$                                                     |                   | 0.00                          |
|            | <ul><li>4c. Home maintenance, repair, and upkeep expenses</li><li>4d. Homeowner's association or condominium dues</li></ul>                                              |                                         | 4c. \$<br>4d. \$                                           |                   | 0.00                          |
| 5.         | Additional mortgage payments for your residence, such as ho                                                                                                              | me equity loans                         | 5. \$                                                      |                   | 0.00                          |

# Case 21-14279 Doc 1 Filed 12/17/21 Entered 12/17/21 10:16:05 Desc Main Document Page 30 of 41

| Debtor 1              | Mary A Gunn                                                                                                                               | Case number (if   | known)                                 |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------------------|
| 1 14:1                | ities:                                                                                                                                    |                   |                                        |
| 6. <b>Util</b><br>6a. | Electricity, heat, natural gas                                                                                                            | 6a. \$            | 200.00                                 |
| 6b.                   | Water, sewer, garbage collection                                                                                                          | 6b. \$            | 50.00                                  |
| 6c.                   | Telephone, cell phone, Internet, satellite, and cable services                                                                            | 6c. \$            | 300.00                                 |
| 6d.                   | Other. Specify:                                                                                                                           | 6d. \$ _          | 0.00                                   |
|                       | · · ·                                                                                                                                     |                   |                                        |
|                       | d and housekeeping supplies                                                                                                               | 7. \$             | 700.00                                 |
| _                     | Idcare and children's education costs                                                                                                     | 8. \$             | 300.00                                 |
| Clo                   | thing, laundry, and dry cleaning                                                                                                          | 9. \$ _           | 300.00                                 |
|                       | sonal care products and services                                                                                                          | 10. \$ _          | 300.00                                 |
|                       | dical and dental expenses                                                                                                                 | 11. \$            | 0.00                                   |
|                       | nsportation. Include gas, maintenance, bus or train fare. not include car payments.                                                       | 12. \$            | 300.00                                 |
|                       |                                                                                                                                           | 13. \$            |                                        |
|                       | ertainment, clubs, recreation, newspapers, magazines, and books                                                                           | · -               | 0.00                                   |
|                       | ritable contributions and religious donations                                                                                             | 14. \$ _          | 0.00                                   |
|                       | urance.  not include insurance deducted from your pay or included in lines 4 or 20.                                                       |                   |                                        |
|                       | . Life insurance                                                                                                                          | 15a. \$           | 0.00                                   |
|                       | . Health insurance                                                                                                                        | 15b. \$           | 0.00                                   |
|                       |                                                                                                                                           | · -               |                                        |
|                       | Vehicle insurance                                                                                                                         | 15c. \$ _         | 150.00                                 |
|                       | Other insurance. Specify:                                                                                                                 | 15d. \$ _         | 0.00                                   |
|                       | <b>es.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. cify:                                                | 16. \$            | 0.00                                   |
|                       | allment or lease payments:                                                                                                                |                   | 0.00                                   |
|                       | . Car payments for Vehicle 1                                                                                                              | 17a. \$           | 550.00                                 |
| 17b                   | . Car payments for Vehicle 2                                                                                                              | 17b. \$           | 0.00                                   |
|                       | . Other. Specify:                                                                                                                         | 17c. \$           | 0.00                                   |
|                       | Other. Specify:                                                                                                                           | 17d. \$ _         | 0.00                                   |
|                       | ir payments of alimony, maintenance, and support that you did not report a                                                                |                   | 0.00                                   |
|                       | ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I)                                                               |                   | 0.00                                   |
|                       | er payments you make to support others who do not live with you.                                                                          | \$                | 0.00                                   |
|                       | cify:                                                                                                                                     | 19.               |                                        |
| ). <b>O</b> th        | er real property expenses not included in lines 4 or 5 of this form or on Sci                                                             | hedule I: Your In | come.                                  |
| 20a                   | . Mortgages on other property                                                                                                             | 20a. \$           | 0.00                                   |
| 20b                   | . Real estate taxes                                                                                                                       | 20b. \$           | 0.00                                   |
| 20c                   | . Property, homeowner's, or renter's insurance                                                                                            | 20c. \$           | 0.00                                   |
|                       | . Maintenance, repair, and upkeep expenses                                                                                                | 20d. \$           | 0.00                                   |
|                       | . Homeowner's association or condominium dues                                                                                             | 20e. \$           | 0.00                                   |
|                       |                                                                                                                                           | 21. +\$           |                                        |
| . Oth                 | er: Specify:                                                                                                                              |                   | 0.00                                   |
|                       | culate your monthly expenses                                                                                                              |                   |                                        |
|                       | . Add lines 4 through 21.                                                                                                                 | \$                | 4,650.00                               |
| 22b                   | . Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2                                                         | \$                |                                        |
| 22c                   | . Add line 22a and 22b. The result is your monthly expenses.                                                                              | \$                | 4,650.00                               |
|                       |                                                                                                                                           |                   | .,                                     |
|                       | culate your monthly net income.                                                                                                           | 00 - <b>1</b>     |                                        |
|                       | . Copy line 12 (your combined monthly income) from Schedule I.                                                                            | 23a. \$ _         | 5,015.00                               |
| 23b                   | . Copy your monthly expenses from line 22c above.                                                                                         | 23b\$ _           | 4,650.00                               |
| 230                   | . Subtract your monthly expenses from your monthly income.                                                                                |                   |                                        |
| 23C                   | The result is your <i>monthly net income</i> .                                                                                            | 23c. \$           | 365.00                                 |
|                       | · • · · · · · · · · · · · · · · · · · ·                                                                                                   |                   |                                        |
|                       | you expect an increase or decrease in your expenses within the year after                                                                 |                   |                                        |
|                       | example, do you expect to finish paying for your car loan within the year or do you expect yo<br>ification to the terms of your mortgage? | ur mortgage payme | ent to increase or decrease because of |
|                       | , , ,                                                                                                                                     |                   |                                        |
|                       |                                                                                                                                           |                   |                                        |
|                       | res. Explain here:                                                                                                                        |                   |                                        |

# Case 21-14279 Doc 1 Filed 12/17/21 Entered 12/17/21 10:16:05 Desc Main Document Page 31 of 41

| Fill in this infor                  | mation to identify your                                | case:                     |                            |                                                                     |                                                          |
|-------------------------------------|--------------------------------------------------------|---------------------------|----------------------------|---------------------------------------------------------------------|----------------------------------------------------------|
| Debtor 1                            | Mary A Gunn                                            |                           |                            |                                                                     |                                                          |
|                                     | First Name                                             | Middle Name               | Last Name                  |                                                                     |                                                          |
| Debtor 2<br>(Spouse if, filing)     | First Name                                             | Middle Name               | Last Name                  |                                                                     |                                                          |
| (Opodoc II, IIIIIg)                 | riotrano                                               | Middle Hame               | Edot Hamo                  |                                                                     |                                                          |
| United States Ba                    | ankruptcy Court for the:                               | NORTHERN DISTRICT         | OF ILLINOIS                |                                                                     |                                                          |
| Case number                         |                                                        |                           |                            |                                                                     |                                                          |
| (if known)                          |                                                        |                           |                            | п                                                                   | Check if this is an                                      |
|                                     |                                                        |                           |                            | -                                                                   | amended filing                                           |
| Official For                        | m 106Dec                                               |                           |                            |                                                                     |                                                          |
|                                     |                                                        | n Individual              | Debtor's So                | chedules                                                            | 12/15                                                    |
|                                     |                                                        | , both are equally respor |                            |                                                                     |                                                          |
| obtaining mone<br>years, or both. 1 | y or property by fraud in<br>18 U.S.C. §§ 152, 1341, 1 | n connection with a bank  |                            | s. Making a false statement, co<br>in fines up to \$250,000, or imp |                                                          |
| Sig                                 | ın Below                                               |                           |                            |                                                                     |                                                          |
| Did you pa                          | ay or agree to pay some                                | one who is NOT an attor   | ney to help you fill out l | bankruptcy forms?                                                   |                                                          |
| ■ No                                |                                                        |                           |                            |                                                                     |                                                          |
| ☐ Yes.                              | Name of person                                         |                           |                            |                                                                     | etition Preparer's Notice,<br>nature (Official Form 119) |
|                                     | alty of perjury, I declare<br>re true and correct.     | that I have read the sumi | mary and schedules file    | ed with this declaration and                                        |                                                          |
|                                     | ry A Gunn                                              |                           | X                          |                                                                     |                                                          |
|                                     | A Gunn                                                 |                           | Signature of               | f Debtor 2                                                          |                                                          |
| Signatu                             | ure of Debtor 1                                        |                           |                            |                                                                     |                                                          |
| Date                                | December 17, 2021                                      |                           | Date                       |                                                                     |                                                          |

# Case 21-14279 Doc 1 Filed 12/17/21 Entered 12/17/21 10:16:05 Desc Main Document Page 32 of 41

| Fill in this inforr               | mation to identify your    | case:                |                                                                                                                                                 |                           |                                      |
|-----------------------------------|----------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------|
| Debtor 1                          | Mary A Gunn                |                      |                                                                                                                                                 |                           |                                      |
| Debtor 2                          | First Name                 | Middle Name          | Last Name                                                                                                                                       |                           |                                      |
| (Spouse if, filing)               | First Name                 | Middle Name          | Last Name                                                                                                                                       | _                         |                                      |
| United States Ba                  | nkruptcy Court for the:    | NORTHERN DIST        | FRICT OF ILLINOIS                                                                                                                               |                           |                                      |
| Coop number                       |                            |                      |                                                                                                                                                 | _                         |                                      |
| Case number (if known)            |                            |                      |                                                                                                                                                 | ☐ Check                   | if this is an                        |
|                                   |                            |                      |                                                                                                                                                 | amend                     | ded filing                           |
|                                   |                            |                      |                                                                                                                                                 |                           |                                      |
| Official Fo                       | rm 108                     |                      |                                                                                                                                                 |                           |                                      |
|                                   |                            | n for Indiv          | riduals Filing Under Cha                                                                                                                        | anter 7                   | 12/15                                |
| Otatomor                          | it or interitio            | ii ioi iiiaiv        | Tadais i iiiig Gilaci Gila                                                                                                                      | iptoi i                   | 12/13                                |
| If you are an indi                | vidual filing under chap   | oter 7, you must fil | l out this form if:                                                                                                                             |                           |                                      |
| creditors have                    | e claims secured by you    | ur property, or      |                                                                                                                                                 |                           |                                      |
|                                   | ed personal property a     |                      |                                                                                                                                                 |                           |                                      |
|                                   | ver is earlier, unless th  |                      | you file your bankruptcy petition or by the de time for cause. You must also send copies                                                        |                           |                                      |
| •                                 | eople are filing together  | in a joint case, bo  | th are equally responsible for supplying cor                                                                                                    | rect information. Both o  | debtors must                         |
| Re as complete a                  | and accurate as nossih     | le If more snace is  | s needed, attach a separate sheet to this forr                                                                                                  | m. On the top of any add  | ditional nages                       |
|                                   | our name and case nun      |                      | riceded, ditaon a separate sheet to this for                                                                                                    | iii on the top of any day | antional pages,                      |
| Part 1: List Yo                   | our Creditors Who Have     | Secured Claims       |                                                                                                                                                 |                           |                                      |
|                                   |                            |                      |                                                                                                                                                 |                           |                                      |
| 1. For any credite information be | -                          | rt 1 of Schedule D   | : Creditors Who Have Claims Secured by Pr                                                                                                       | operty (Official Form 10  | J6D), fill in the                    |
| Identify the cre                  | editor and the property th | nat is collateral    | What do you intend to do with the proper secures a debt?                                                                                        |                           | im the property on Schedule C?       |
|                                   |                            |                      |                                                                                                                                                 |                           |                                      |
| Creditor's <b>F</b>               | irst Investors Financ      | ial Services         | ■ Surrender the property.                                                                                                                       | ■ No                      |                                      |
| name:                             |                            |                      | Retain the property and redeem it.                                                                                                              | _ 110                     |                                      |
| <b>5</b>                          |                            |                      | ☐ Retain the property and enter into a                                                                                                          | ☐ Yes                     |                                      |
|                                   | 2010 Chrysler Sebi         | ing 100,000          | Reaffirmation Agreement.                                                                                                                        |                           |                                      |
| property<br>securing debt:        |                            |                      | ☐ Retain the property and [explain]:                                                                                                            |                           |                                      |
|                                   |                            |                      |                                                                                                                                                 |                           |                                      |
|                                   | our Unexpired Persona      |                      |                                                                                                                                                 |                           |                                      |
| in the informatio                 | n below. Do not list rea   | l estate leases. Un  | in Schedule G: Executory Contracts and Un<br>expired leases are leases that are still in effet<br>the trustee does not assume it. 11 U.S.C. § 3 | ect; the lease period ha  | I Form 106G), fill is not yet ended. |
| D                                 |                            |                      |                                                                                                                                                 | VACULAR - La La           |                                      |
| Describe your u                   | nexpired personal prop     | erty leases          |                                                                                                                                                 | Will the lease be         | assumed?                             |
| Lessor's name:                    |                            |                      |                                                                                                                                                 | □ No                      |                                      |
| Description of lea                | ased                       |                      |                                                                                                                                                 |                           |                                      |
| Property:                         |                            |                      |                                                                                                                                                 | ☐ Yes                     |                                      |
| Lessor's name:                    |                            |                      |                                                                                                                                                 | □ No                      |                                      |
| Description of lea                | ased                       |                      |                                                                                                                                                 |                           |                                      |
| Property:                         |                            |                      |                                                                                                                                                 | ☐ Yes                     |                                      |
| Lessor's name:                    |                            |                      |                                                                                                                                                 | П Мо                      |                                      |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

# Case 21-14279 Doc 1 Filed 12/17/21 Entered 12/17/21 10:16:05 Desc Main Document Page 33 of 41

| De                              | otor 1              | Mary A Gunn                                                                            | Case number (if known)                                                            |
|---------------------------------|---------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
|                                 | scription           | n of leased                                                                            | ☐ Yes                                                                             |
|                                 | ροιι,.              |                                                                                        | Li Tes                                                                            |
|                                 | sor's n             |                                                                                        | □ No                                                                              |
|                                 | scription<br>perty: | n of leased                                                                            | ☐ Yes                                                                             |
|                                 | sor's n             |                                                                                        | □ No                                                                              |
| Description of leased Property: |                     |                                                                                        | ☐ Yes                                                                             |
|                                 | sor's n             |                                                                                        | □ No                                                                              |
|                                 | perty:              | n of leased                                                                            | ☐ Yes                                                                             |
|                                 | sor's n             |                                                                                        | □ No                                                                              |
|                                 | scription<br>perty: | n of leased                                                                            | ☐ Yes                                                                             |
| Pai                             | t 3:                | Sign Below                                                                             |                                                                                   |
|                                 |                     | alty of perjury, I declare that I have indicated nat is subject to an unexpired lease. | my intention about any property of my estate that secures a debt and any personal |
| Χ                               | /s/ M               | lary A Gunn                                                                            | X                                                                                 |
|                                 | Mary A Gunn         |                                                                                        | Signature of Debtor 2                                                             |
|                                 | Signa               | ature of Debtor 1                                                                      |                                                                                   |
|                                 | Date                | December 17, 2021                                                                      | Date                                                                              |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

# The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

|                  | Chapter 7: | Liquidation        |
|------------------|------------|--------------------|
| \$245 filing fee |            | filing fee         |
|                  | \$78       | administrative fee |
|                  | + \$15     | trustee surcharge  |
|                  | \$338      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$78  | administrative fee |
|   | \$278 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$78  | administrative fee |
|   | \$313 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses">http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses</a>.

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/services-forms/bankruptcy/cre">http://www.uscourts.gov/services-forms/bankruptcy/cre</a> dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 21-14279 Doc 1 Filed 12/17/21 Entered 12/17/21 10:16:05 Desc Main Document Page 38 of 41

B2030 (Form 2030) (12/15)

# **United States Bankruptcy Court**Northern District of Illinois

| In re | e Mary A Gunn                                                                                                                                                                                                                                     |                                        | Case No.             |                         |                 |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------|-------------------------|-----------------|
|       |                                                                                                                                                                                                                                                   | Debtor(s)                              | Chapter              | 7                       |                 |
|       | DISCLOSURE OF COMP                                                                                                                                                                                                                                | ENSATION OF ATTOR                      | RNEY FOR D           | EBTOR(S)                |                 |
| 1.    | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20 compensation paid to me within one year before the fibe rendered on behalf of the debtor(s) in contemplation                                                                                 | iling of the petition in bankruptcy,   | or agreed to be paid | l to me, for services r |                 |
|       | For legal services, I have agreed to accept                                                                                                                                                                                                       |                                        | \$                   | 830.00                  |                 |
|       | Prior to the filing of this statement I have received                                                                                                                                                                                             |                                        |                      | 830.00                  |                 |
|       | Balance Due                                                                                                                                                                                                                                       |                                        |                      | 0.00                    |                 |
| 2.    | The source of the compensation paid to me was:                                                                                                                                                                                                    |                                        |                      |                         |                 |
|       | ■ Debtor □ Other (specify):                                                                                                                                                                                                                       |                                        |                      |                         |                 |
| 3.    | The source of compensation to be paid to me is:                                                                                                                                                                                                   |                                        |                      |                         |                 |
|       | ■ Debtor □ Other (specify):                                                                                                                                                                                                                       |                                        |                      |                         |                 |
| 4.    | ■ I have not agreed to share the above-disclosed con                                                                                                                                                                                              | mpensation with any other person to    | unless they are men  | nbers and associates of | of my law firm. |
|       | ☐ I have agreed to share the above-disclosed competopy of the agreement, together with a list of the                                                                                                                                              |                                        |                      |                         | law firm. A     |
| 5.    | In return for the above-disclosed fee, I have agreed to                                                                                                                                                                                           | o render legal service for all aspects | s of the bankruptcy  | case, including:        |                 |
|       | <ul><li>a. Analysis of the debtor's financial situation, and ref</li><li>b. Preparation and filing of any petition, schedules, s</li><li>c. Representation of the debtor at the meeting of cred</li><li>d. [Other provisions as needed]</li></ul> | statement of affairs and plan which    | may be required;     | -                       | kruptcy;        |
|       | Preparation and filing of reaffirmation                                                                                                                                                                                                           | agreements and applications            | s or motions as r    | needed.                 |                 |
| 6.    | By agreement with the debtor(s), the above-disclosed Representation of the debtors in any motions pursuant to 11 USC 522(f)(2) proceeding.                                                                                                        | dischargeability actions, judio        | cial lien avoidand   |                         |                 |
|       |                                                                                                                                                                                                                                                   | CERTIFICATION                          |                      |                         |                 |
|       | I certify that the foregoing is a complete statement of bankruptcy proceeding.                                                                                                                                                                    | any agreement or arrangement for       | payment to me for    | representation of the   | debtor(s) in    |
| [     | December 17, 2021                                                                                                                                                                                                                                 | /s/ Angie Lee                          |                      |                         |                 |
| I     | Date                                                                                                                                                                                                                                              | Angie Lee Signature of Attorne         |                      |                         |                 |
|       |                                                                                                                                                                                                                                                   | Lee Ratliff & Asso                     |                      |                         |                 |
|       |                                                                                                                                                                                                                                                   | PO Box 677<br>Flossmoor, IL 604        | 122                  |                         |                 |
|       |                                                                                                                                                                                                                                                   | 7083659937 Fax:                        | 7082216174           |                         |                 |
|       |                                                                                                                                                                                                                                                   | angieleelaw900@                        | gmail.com            |                         |                 |
|       |                                                                                                                                                                                                                                                   | Name of law firm                       |                      |                         |                 |

## **United States Bankruptcy Court** Northern District of Illinois

| In re | Mary A Gunn                                |                                         | Case No.                      |                |
|-------|--------------------------------------------|-----------------------------------------|-------------------------------|----------------|
|       |                                            | Debtor(s)                               | Chapter 7                     |                |
|       | VE                                         | ERIFICATION OF CREDITOR I               | MATRIX                        |                |
|       |                                            | Number o                                | of Creditors:                 | 12             |
|       | The above-named Debtor(s) (our) knowledge. | ) hereby verifies that the list of cred | litors is true and correct to | the best of my |
| Date: | December 17, 2021                          | /s/ Mary A Gunn<br>Mary A Gunn          |                               |                |

American First Finance Attn: Bankruptcy Po Box 565848 Dallas, TX 75356

Comenity/Burlington Attn: Bankruptcy Po Box 182125 Columbus, OH 43218

Diverse Funding Associates Attn: Bankruptcy 2351 North Forest Road, Ste 110 Getzville, NY 14068

Equifax Attn: Bankruptcy Dept. P.O. Box 740241 Atlanta, GA 30374

Experian
Attn: Bankruptcy Dept.
P.O. Box 2002
Allen, TX 75013

Fedloan Attn: Bankruptcy Po Box 60610 Harrisburg, PA 17106

Fingerhut Attn: Bankruptcy 6250 Ridgewood Road Saint Cloud, MN 56303

First Investors Financial Services 380 Interstate North Parkway 3rd Floor Atlanta, GA 30399

First Premier Bank Attn: Bankruptcy Po Box 5524 Sioux Falls, SD 57117 Great American Finance Attn: Bankruptcy 20 N Wacker Dr. Suite 2275 Chicago, IL 60606

OneMain Financial Attn: Bankruptcy Po Box 3251 Evansville, IN 47731

Transunion Attn: Bankruptcy Dept. P.O. Box 1000 Crum Lynne, PA 19022